FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 SEP 28 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M87803

1. Corporation Name
MARK C. WILLIAMS Ph.D., P.A.
W98000 12678

Principal Place of Business / Mailing Address
1118 S. ORANGE AVE., SUITE 202A
ORLANDO, FL. 32806

REINSTATEMENT (IF DOING BUSINESS AT THIS SPACE) 9-28-98

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip / County
24 / 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip / County
29 / 30

3. Date Incorporated or Qualified
06/30/88

4. FEI Number
59-2904540
Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MARK C. WILLIAMS, PhD
1118 S. ORANGE AVE, SUITE 202A
ORLANDO, FL. 32806.

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ 9/28/98
Signature, typed or printed name of registered agent and title if applicable (MUST be Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	OWNER / PRES. ☐ DELETE	11 TITLE	☐ Change ☐ Addition
12 NAME	MARK C. WILLIAMS	12 NAME	
13 STREET ADDRESS	818 E. KALEY ST.	13 STREET ADDRESS	
14 CITY-ST-ZIP	ORLANDO, FL. 32806	14 CITY-ST-ZIP	
21 TITLE	SECTY. / TREAS. ☐ DELETE	21 TITLE	☐ Change ☐ Addition
22 NAME	LAURA E. SANTOS	22 NAME	
23 STREET ADDRESS	818 E. KALEY ST.	23 STREET ADDRESS	
24 CITY-ST-ZIP	ORLANDO, FL. 32806	24 CITY-ST-ZIP	
31 TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY-ST-ZIP		34 CITY-ST-ZIP	
41 TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

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***1200.00 ***1200.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ 9/28/98