

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90028 046 ***150.00

DOCUMENT # P00000007382

1. Entity Name
ROY F. WILLIAMS, M.D., P.A.

Principal Place of Business Mailing Address
11760 SW 40TH STREET 11760 SW 40TH STREET
MIAMI FL 33175 MIAMI FL 33175

2. Principal Place of Business 3. Mailing Address
11760 SW 40th St 11760 SW 40th St
 Suite, Apt. #, etc. Suite # 722
Suite # 722 Suite # 722

City & State City & State
Miami FL Miami FL

Zip Country Zip Country
33175 USA 33175 USA

4. FEI Number **65-0976555** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILLIAMS, ROY F M.D.
11760 SW 40TH STREET
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name **Williams Roy F MD**
 Street Address (P.O. Box Number is Not Acceptable)
11760 SW 40th Street
Suite # 722
 City **Miami** FL Zip Code **33175**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	PD WILLIAMS, ROY F MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	P.D. Williams Roy F MD
STREET ADDRESS	11760 SW 40TH STREET	STREET ADDRESS	11760 SW 40th St Suite # 722
CITY-ST-ZIP	MIAMI FL 33175	CITY-ST-ZIP	Miami FL 33175
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/06/02
 Date

Daytime Phone #

CR2E034 (9/01)