2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000007382

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

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8950 N KENDALL DR STE 607-W 4300 ALTON ROAD

2110 GREENSPAN BUILDING

MIAMI BEACH, FL 33140

WILLIAMS, ROY F M.D.

Current Mailing Address: New Mailing Address:

8950 N KENDALL DR STE 607-W 4078 BATTERSEA ROAD

MIAMI, FL 33175 COCONUT GROVE, FL 33133

FEI Number: 65-0976555 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILLIAMS, ROY F M.D. 8950 N KENDALL DR STE 607W

MIAMI, FL 33175

4078 BATTERSEA ROAD MIAMI, FL 33175 COCONUT GROVE, FL 33133 US

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: 03/19/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

WILLIAMS, ROY F MD WILLIAMS, ROY F MD Name: Name: 8950 N. KENDALL DRIVE SUITE 607 W Address: 4078 BATTERSEA ROAD Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROY F WILLIAMS **PRES** 03/19/2009