2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000035181

1. Entity Name
STANLEY J WILLIAMS MD PA

Principal Place of Business	Mailing Address
511 W HIGHLANDS BLVD	511 W HIGHLANDS BLVD
INVERNESS, FL 34452	INVERNESS, FL 34452

DO NOT WRITE IN THIS SPACE

02082005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3688140	Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, STANLEY J
511 W HIGHLANDS BLVD
INVERNESS, FL 34452

DO NOT WRITE
IN THIS SPACE

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. I am familiar with, and accept the obligation of registered agent.

SIGNATURE _Nancy Williams_   ERROR - No changes.   STANLEY J. WILLIAMS, MD. PA,   3/29/05

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	WILLIAMS, STANLEY J
STREET ADDRESS	511 W HIGHLANDS BLVD
CITY-ST-ZIP	INVERNESS, FL 34452

U00000281921
03/31/05-80022-011 158.75

TITLE	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Nancy Williams_   STANLEY J. WILLIAMS, MD. PA   3/29/05   (352) 860-0202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #