

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000009030

FILED
Jan 15, 2004
Secretary of State

Entity Name: WILLIAMS BIOMEDICAL SERVICES, INC.

Current Principal Place of Business:

824 WEST ZARRAGOSSA STREET
PENSACOLA, FL 32501

New Principal Place of Business:

111 EUCLID STREET
PENSACOLA, FL 32503

Current Mailing Address:

824 WEST ZARRAGOSSA STREET
PENSACOLA, FL 32501

New Mailing Address:

111 EUCLID STREET
PENSACOLA, FL 32503

FEI Number: 59-3702733

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, ANTHONY J
824 WEST ZARRAGOSSA STREET
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

WILLIAMS, ANTHONY J
111 EUCLID STREET
PENSACOLA, FL 32503 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:

01/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, ANTHONY J
Address: 824 WEST ZARRAGOSSA STREET
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILLIAMS, ANTHONY J
Address: 111 EUCLID STREET
City-St-Zip: PENSACOLA, FL 32503

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANTHONY J WILLIAMS

D

01/15/2004

Electronic Signature of Signing Officer or Director

Date