2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005
Secretary of State

DOCUMENT# P02000054032

Entity Name: ALEXANDRA D. WILLIAMS, M.D., P.A.

Current Principal Place of Business:

2701 NE. 14TH ST. CAUSEWAY
SUITE 5
POMPANO BEACH, FL 33062

New Principal Place of Business:

1 MEDICAL PLAZA, 1 WEST SAMPLE RD.
SUITE 203
POMPANO BEACH, FL 33064

Current Mailing Address:

2701 NE. 14TH ST. CAUSEWAY
SUITE 5
POMPANO BEACH, FL 33062

New Mailing Address:

1 MEDICAL PLAZA, 1 WEST SAMPLE RD.
SUITE 203
POMPANO BEACH, FL 33064

FEI Number: 75-3057312 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, JEFFREY L
54 NE FOURTH AVE
DELRAY BCH, FL 33483 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: MD ( ) Delete
Name: WILLIAMS, ALEXANDRA D MD
Address: 2901 NE 39TH CT.
City-St-Zip: LIGHTHOUSE POINT, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ALEXANDRA D. WILLIAMS M.D. 07/22/2005

Electronic Signature of Signing Officer or Director Date