

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000054032

FILED  
Apr 21, 2006  
Secretary of State

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

## Current Principal Place of Business:

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

## New Principal Place of Business:

3467 W HILLSBORO BLVD  
SUITE A  
DEERFIELD BEACH, FL 33442

## Current Mailing Address:

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

## New Mailing Address:

3467 W HILLSBORO BLVD  
SUITE A  
DEERFIELD BEACH, FL 33442

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

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 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: ALEXANDRA D WILLIAMS

DR

04/21/2006

Electronic Signature of Signing Officer or Director

Date