


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90004 031 ***158.75

DOCUMENT # P03000107080	
1. Entity Name THOMAS H. WILLIAMS, M.D., P.A.	

Principal Place of Business ONE S SCHOOL AVE, STE 200 SARASOTA, FL 34237	Mailing Address ONE S SCHOOL AVE, STE 200 SARASOTA, FL 34237
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07000070

2. Principal Place of Business 1 SOUTH SCHOOL AVE.	3. Mailing Address 1 SOUTH SCHOOL AVE.
Suite, Apt. #, etc. SUITE 200	Suite, Apt. #, etc. SUITE 200
City & State SARASOTA, FL	City & State SARASOTA, FL
Zip 34237	Country USA



07062004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0305352	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DOERR, KENNETH D 240 S PINEAPPLE AVE; 10TH FLOOR SARASOTA, FL 34236	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, THOMAS H MD ONE S SCHOOL AVE, STE 200 SARASOTA, FL 34237 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	DATE	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

Attachment

54060820

#PO3000107080

July 6, 2004

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Thomas H. Williams, M.D., P.A., Tax I.D. #20-0305352

To Whom It May Concern:

The reason we did not receive the "2004 For Profit Corporation Annual Report" for Thomas H. Williams, M.D., P.A., through the mail, if you please notice the address, the word "One" spelled out for the number "1", along with "S" abbreviated for "South" has caused the Post Office not recognize this physical location. The address should read "1 South School Ave., Suite 200, Sarasota, FL 34237-6047". Please make the address changes as noted. Thank you in advance.

Sincerely,



William G. Jackson
Administrator for Thomas H. Williams, M.D., P.A.

WGJ:dl