

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000117929

FILED
Apr 20, 2006
Secretary of State

Entity Name: HAROLD S. WILLIAMS, M.D. & ASSOCIATES, P.A.

Current Principal Place of Business:

100 NW 170 STREET
SUITE 401
MIAMI, FL 33169

New Principal Place of Business:

100 NW 170 STREET
SUITE 405
MIAMI, FL 33169

Current Mailing Address:

100 NW 170 STREET
SUITE 401
MIAMI, FL 33169

New Mailing Address:

100 NW 170 STREET
SUITE 405
MIAMI, FL 33169

FEI Number: 20-0325397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADDICOTT, SARI T
450 NORTH PARK ROAD
SUITE 805
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

ADDICOTT, SARI T
900 NORTH FEDERAL HIGHWAY
SUITE 201
HALLANDALE BEACH, FL 33009 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: SARI T. ADDICOTT

04/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAROLD S WILLIAMS MD, & ASSOCIATES P A
Address: 100 NW 170 ST #401
City-St-Zip: NORTH MIAMI BEACH, FL 33169 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HAROLD S WILLIAMS MD, & ASSOCIATES P A
Address: 100 NW 170 ST #405
City-St-Zip: NORTH MIAMI BEACH, FL 33169 US

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: HAROLD S. WILLIAMS, MD

P

04/20/2006

Electronic Signature of Signing Officer or Director

Date