## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000061954

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FILED Apr 27, 2006 Secretary of State

Entity Name: DR. WILLIAMS & EYE ASSOCIATES INC.

Current Principal Place of Business:				New Principal Place of Business:			
11832 NW MIAMI, FL							
Current Mailing Address:				New Mailing Address:			
11832 NW MIAMI, FL							
FEI Number:	: 65-1068903	FEI Number Applie	ed For ( ) FE	El Number Not Appl	icable ( )	Certificate of Status D	Desired ( )
Name and	Address o	f Current Registered	d Agent:	Name and	Address of	New Registered Age	ent:
WILLIAMS 11832 NW MIAMI, FL		EY IS					
	named entite of Florida.	ty submits this statem	nent for the purpo	ose of changing i	ts registered	office or registered ag	gent, or both,
	e of Florida. RE:			ose of changing i	ts registered	office or registered ag	gent, or both,
in the State	e of Florida. RE:	ty submits this statem		ose of changing i	ts registered	office or registered as	gent, or both,
in the State	e of Florida. RE: Electr		gistered Agent	ose of changing i	ts registered		gent, or both,
in the State SIGNATUF	e of Florida. RE: Electr	ronic Signature of Reg	gistered Agent				
in the State SIGNATUF	e of Florida.  RE: Electron paign Finances  S AND DIRE	ronic Signature of Regions Trust Fund Contribution  ECTORS:  ( ) Delete COURTNEY 0 AVE	gistered Agent		S/CHANGE	Date	
in the State SIGNATUF Election Car OFFICERS Title: Name: Address:	e of Florida.  RE: Electron paign Finance  S AND DIRE  P WILLIAMS, 0 11832 NW 1 MIAMI, FL 3	ronic Signature of Reging Trust Fund Contribu ECTORS:  ( ) Delete COURTNEY 0 AVE 33168 ( ) Delete SAMUEL 0 AVE	gistered Agent	ADDITION Title: Name: Address:	S/CHANGE	Date S TO OFFICERS ANI	

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: COURTNEY WILLIAMS P 04/27/2006