


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90244 001 ***150.00
03-22-2006 90244 002 *****8.75

DOCUMENT # P04000150031	
1. Entity Name KEITH A. WILLIAMS, DDS, P.A.	

Principal Place of Business 279 S. STATE ROAD 7 MARGATE, FL 33063 US	Mailing Address 279 S. STATE ROAD 7 MARGATE, FL 33063 US
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66006570



03062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-2025170	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILLIAMS, KEITH A 279 STATE ROAD 7 MARGATE, FL 33063
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**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S WILLIAMS, KEITH A 279 S. STATE ROAD 7 MARGATE, FL 33063
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Keith Williams **3/8/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

66006570

P04000150031

Keith A Williams, DDS, P.A

Southgate Dental Care

279 South State Road 7

Southgate Plaza

Margate, FL 33068

March 10, 2006

FL Department Of State
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Dear Sirs:

Request for Certificate

Enclosed is a check for \$8.75 to cover the cost of a certificate. Please mail the certificate to the above address. Please contact me at the above address should you need additional information.

Sincerely,



Keith A Williams, DDS