

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000046401

FILED  
Jan 19, 2007  
Secretary of State

Entity Name: T. MERRELL WILLIAMS, D.M.D., M.S., P.A.

## Current Principal Place of Business:

4505 N ARMENIA AVE  
101  
TAMPA, FL 33603 US

## New Principal Place of Business:

## Current Mailing Address:

4505 N ARMENIA AVE  
101  
TAMPA, FL 33603 US

## New Mailing Address:

FEI Number: 59-3251209

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WILLIAMS, JOYETTA H  
4505 N ARMENIA AVE  
STE 101  
TAMPA, FL 33603 US

## Name and Address of New Registered Agent:

WILLIAMS, JOYETTA H.  
4505 N ARMENIA AVE  
STE 101  
TAMPA, FL 33603 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: JOYETTA H. WILLIAMS

01/19/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WILLIAMS, T. MERRELL  
Address: 4505 N ARMENIA AVE 101  
City-St-Zip: TAMPA, FL 33603

Title: SD ( ) Delete  
Name: WILLIAMS, JOYETTA H  
Address: 3602 E. FRIERSON AVE.  
City-St-Zip: TAMPA, FL 33610

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition  
Name: WILLIAMS, T. MERRELL  
Address: 4505 N ARMENIA AVE 101  
City-St-Zip: TAMPA, FL 33603

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: T. MERRELL WILLIAMS

DR

01/19/2007

Electronic Signature of Signing Officer or Director

Date