FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT . CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandia B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P94000093448 (6) DOCUMENT #

1. Corporation Name

ROBERT M. WILLIAMS. D.D.S., P.A.

NOTE: ADDRESS

CHANGE

HODEIII	IN THE CHANGE OF STREET								
Principal Place of	f Business	Mailing Address				* (02) 104 10() 2101 201 201 201			
1789 66TH ST N	N	1789 66TH ST N							
ST PETERSBUR	G FL 33710	ST PETERSBURG FL 3	3710				·		
421	ON1. 5477 DE					3. Date Incorporated or Qualified 12/28/1994	3a. Date o	of Last Hel 30/199 5	oort
31 17	76.8 CF 1 - 1 & - 22						.l		pplied For
Principal Plac	e of Business	2a. Mailing Address				APPLIED FOR 650	5449	34 N	ot Applicable
1		Suite, Apt. #, etc.							Additional
Suite, Apt. #,	.etc.	27				Certificate of Status Desired		Fee R	equired
City & State		City & State			- : 	6. Election Campaign Financing			May Be
3		28				Trust Fund Contribution 8. This corporation has liability for			to Fees
Zip	Country	Zφ	Cou	ntry		Florida Statutes TYes	[]] No		100.002
4	25 g. Name and Address of Curre	nt Posistered Agent	30			10. Name and Address of New F	egistered A	gent	
	9. Name and Address of Curre	III Negistered Agent		81	Name				
Robert I	M. Williams, D.D.S., P.	A.		82	Otroot Addr	ess (P.O. Box Number is Not Acceptat	ole)	_	
	00 Crosswinds Drive			02	Street Addit	ess (.c. Ess.			
	Suite 200 C			83	<i>"</i>				
64	Petersburg, FL 33710			84	City		<u></u>	85 Zip	Code
				1	· '	ation submits this statement for the purely of directors. Thereby accept the app	<u> </u>		e sistered offer
12.		ND DIRECTORS	13.	TITLE	ല് ഒപ്പ വിശാവഴിയും	ADDITIONS/CHANGES TO OF	ICFRS AND	DIRECTO Change	RS IN 12 Addition
12. 1:TLF	D	DELETE	1.1	TITLE				_] Change	Addition
NAME	WILLIAMS, ROBERT M			AME					
STREET ADDRESS	1789 66TH ST N				I ADDRESS				
CITY - ST - ZIF	ST PETERSBURG FL 33710	DELETE		TULE	ST-ZIP			Change	Addition
TOLE			1	NAME	1				
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STREET ADDRESS CITY: ST-ZIP			241	CITY -	ST-ZIP			7 Charac	Addition
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NAME				NAM					
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TITLE		[] DELETE		NAM					
NAME			1		EL ADDRESS				₹YY
STREET ADDRESS				cour	C1 70				7.0
CITY - ST - ZIP	by partify that the information supplies	ed with this filing is voluntarily	furnished ar	id de	oes not qualify	for the exemption stated in Section 1	19.07(3)(k), FI	orida Stati	utes. I further if made under

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if chapped, or on an attachment with an address.

SIGNATURE:

ALLS HIS
RINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96 813 3456622