

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000052861**

1. Entity Name

WILLIAMS HEALTHCARE CONSULTING, INC.

Principal Place of Business

**6519 CENTRAL AVE.
ST. PETERSBURG FL**

Mailing Address

**6519 CENTRAL AVE.
ST. PETERSBURG FL**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**WILLIAMS, NORENE
12428 WINDTREE BLVD
SEMINOLE FL 34642**

7. Name and Address of New Registered Agent

Name

William I. Williams

Street Address (P.O. Box Number is Not Acceptable)

12428 Windtree Blvd

City

SEMINOLE

FL

Zip Code

34642

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.

SIGNATURE

*William I. Williams**William I. Williams**1/5/01*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, WILLIAM I	
STREET ADDRESS	12428 WINDTREE BLVD	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	WILLIAMS, NORENE	
STREET ADDRESS	12428 WINDTREE BLVD	
CITY-ST-ZIP	SEMINOLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORENE WILLIAMS	
STREET ADDRESS	12428 WINDTREE BLVD	
CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONALD A. LISGON	
STREET ADDRESS	9271 ORKNEY AVE	
CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM I. WILLIAMS III	
STREET ADDRESS	6875 Circle Creek Dr.	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*William I. Williams**William I. Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/01

Date

727-347-0242 ext 103

Daytime Phone #

**FILED
Jan 12, 2001 8:00 am
Secretary of State**

01-12-2001 90009 005 ***150.00

00000000



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3322939**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

CR2E034 (10/00)