

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000052861

FILED  
Jan 24, 2004  
Secretary of State

Entity Name: WILLIAMS HEALTHCARE CONSULTING, INC.

## Current Principal Place of Business:

6519 CENTRAL AVE.  
ST. PETERSBURG, FL

## New Principal Place of Business:

6519 CENTRAL AVE.  
ST. PETERSBURG, FL 33710 US

## Current Mailing Address:

6519 CENTRAL AVE.  
ST. PETERSBURG, FL

## New Mailing Address:

6519 CENTRAL AVE.  
ST. PETERSBURG, FL 33710 US

FEI Number: 59-3322939

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, WILLIAM I  
12428 WINDTREE BLVD  
SEMINOLE, FL 34642 US

## Name and Address of New Registered Agent:

WILLIAMS, WILLIAM I  
12428 WINDTREE BLVD  
SEMINOLE, FL 33772 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:

01/24/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WILLIAMS, WILLIAM I  
Address: 12428 WINDTREE BLVD  
City-St-Zip: SEMINOLE, FL

Title: VP ( ) Delete  
Name: WILLIAMS, NORENE  
Address: 12428 WINDTREE BLVD  
City-St-Zip: SEMINOLE, FL

Title: S ( ) Delete  
Name: LIENBY, RONALDA P  
Address: 7271 ORKNEY AVE  
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: P ( ) Delete  
Name: WILLIAMS, III, WILLIAM I  
Address: 3113 BAYSHORE OAKS DR  
City-St-Zip: TAMPA, FL 33611

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: WILLIAMS, WILLIAM I  
Address: 12428 WINDTREE BLVD  
City-St-Zip: SEMINOLE, FL 33772 US

Title: S (X) Change ( ) Addition  
Name: WILLIAMS, NORENE  
Address: 12428 WINDTREE BLVD  
City-St-Zip: SEMINOLE, FL 33772 US

Title: VP (X) Change ( ) Addition  
Name: WILLIAMS, RONALDA P  
Address: 6515 CENTRAL AVE  
City-St-Zip: SAINT PETERSBURG, FL 33710 US

Title: T (X) Change ( ) Addition  
Name: WILLIAMS, III, WILLIAM I  
Address: 3113 BAYSHORE OAKS DR  
City-St-Zip: TAMPA, FL 33611

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM I WILLIAMS

P

01/24/2004

Electronic Signature of Signing Officer or Director

Date