

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000093373**

1. Entity Name

DARLENE WILLIAMS, PH.D., P.A.



Principal Place of Business

3060 ALT 19  
STE B-14  
PALM HARBOR, FL 34683

Mailing Address

3060 ALT 19  
STE B-14  
PALM HARBOR, FL 34683



01102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3541593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, DARLENE DR  
3060 ALT 19  
STE B-12  
PALM HARBOR, FL 34683

**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 re-issuing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME WILLIAMS, DARLENE PH.D  
STREET ADDRESS 3060 ALT 19, SUITE B12  
CITY - ST - ZIP PALM HARBOR, FL 34683

TITLE  
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CITY - ST - ZIP

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U00000414391  
02/11/06-80028-022 150.00

**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: *Darlene Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #