FILED
May 09, 2007 08:00 AM
Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000093373

1. Entity Name
DARLENE WILLIAMS, PH.D., P.A.

Principal Place of Business	Mailing Address
3060 ALT 19 STE B-12 PALM HARBOR, FL 34683	3060 ALT 19 STE B-12 PALM HARBOR, FL 34683

DO NOT WRITE IN THIS SPACE

03162007 No Chg-P CR2E034 (11/05)

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: DWilliams PhD Dr Darlene Williams, CEO 4/25/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000763373
05/30/07-80007-009 150.00

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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: DWilliams PhD Dr Darlene Williams, CEO 4/25/07 7274671213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #