

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90244 030 ***150.00

DOCUMENT # P98000093373					
1. Entity Name DARLENE WILLIAMS, PH.D., P.A.					
Principal Place of Business 3060 ALT 19 STE B-12 PALM HARBOR, FL 34683			Mailing Address 3060 ALT 19 STE B-12 PALM HARBOR, FL 34683		
2. Principal Place of Business - No P.O. Box # 3060 ALT 19		3. Mailing Address 3060 ALT 19		 03212008 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc. SUITE B14		Suite, Apt. #, etc. SUITE B14			
City & State PALM HARBOR FL		City & State PALM HARBOR FL			
Zip 34683	Country US	Zip 34683	Country US	4. FEI Number 59-3541593	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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			7. Name and Address of New Registered Agent Name DARLENE WILLIAMS Street Address (P.O. Box Number is Not Acceptable) 3060 ALT 19, SUITE B14 PALM HARBOR City FL Zip Code 34683		
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: <u>Darlene Williams</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>3/21/08</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WILLIAMS, DARLENE PH.D 3060 ALT 19, SUITE B12 PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DARLENE WILLIAMS 3060 ALT 19, SUITE B14 PALM HARBOR FL 34683	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Darlene Williams</u>			SIGNATURE: <u>DARLENE WILLIAMS, P</u> <u>3/21/08</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		