

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S45659

FILED
Apr 22, 2005
Secretary of State

Entity Name: GRISEL MAC WILLIAMS, M.D., P.A.

Current Principal Place of Business:

810 E 39 PL
#305
HIALEAH, FL 33013

New Principal Place of Business:

810 E 39 PL
HIALEAH, FL 33013

Current Mailing Address:

810 E 39 PL
#305
HIALEAH, FL 33013

New Mailing Address:

810 E 39 PL
HIALEAH, FL 33013

FEI Number: 65-0291729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMS, VICTOR HUGO
2503 SW 27 AVE
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRISEL MACWILLIAMS, M.D. P.A.
Address: 810 EAST 39 PLACE
City-St-Zip: HIALEAH, FL

Title: OM () Delete
Name: WILLIAMS, NORA,
Address: 810 E 39 PL
City-St-Zip: HIALEAH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: GRISEL MACWILLIAMS, M.D. P.A.
Address: 810 EAST 39 PLACE
City-St-Zip: HIALEAH, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GRISEL MAC WILLIAMS

DR

04/22/2005

Electronic Signature of Signing Officer or Director

_____ Date