

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S45659

**FILED**  
**Mar 23, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

810 E 39 PL  
HIALEAH, FL 33013

**New Principal Place of Business:**

**Current Mailing Address:**

810 E 39 PL  
HIALEAH, FL 33013

**New Mailing Address:**

**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:** MD  
**Name:** GRISEL MACWILLIAMS, M.D. P.A.  
**Address:** 810 EAST 39 PLACE  
**City-St-Zip:** HIALEAH, FL

**Title:** OM  
**Name:** MAC WILLIAMS, NORA  
**Address:** 810 E 39 PL  
**City-St-Zip:** HIALEAH, FL 33013

I hereby 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 all other like empowered.

**SIGNATURE:** GRISEL MAC WILLIAMS MD

MD

03/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date