

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 AUG -6 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V 73728

1. Corporation Name

Williams Medical Services, Inc.

Principal Place of Business Mailing Address

WILLIAMS MEDICAL
459 WHITETAIL LANE
GRAND JUNCTION
COLORADO 81503

3. Date Incorporated or Qualified

10/23/92

3a. Date of Last Report

1996

2. Principal Place of Business

21

Suite, Apt. #, etc

ABOVE

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

ABOVE

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0362583

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81

Name

Earl L. Williams

82

Street Address (P.O. Box Number is Not Acceptable)

ABOVE MONSIEUR MONSIEUR

83

9000 SW 87th Ct. Suite # 218

84

City

Miami

FL

85

Zip Code

33176

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE EARL L. Williams

Earl Williams

7/22/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VICE President ☐ DELETE

NAME RON KEMPIN

STREET ADDRESS 2677 Greenview Dr.

CITY-ST-ZIP Salt Lake City, UT 84022

TITLE ~~SECRETARY~~ ☐ DELETE

NAME Alicia Martinez

STREET ADDRESS 459 Whitetail Ln.

CITY-ST-ZIP Grand Junction, CO 81503

TITLE PRESIDENT ☐ DELETE

NAME EARL L. Williams

STREET ADDRESS 459 Whitetail Ln.

CITY-ST-ZIP Grand Junction, CO 81503

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 700002264027 ☐ Change ☒ Addition

12 NAME -08/11/97--01177--001

13 STREET ADDRESS ****165.00 ****165.00

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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; that I am the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Earl L. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/97

Date

970-242-5514

Daytime Phone #

CR2E034 (9/96)

**Williams
Medical
Services**

Williams Medical Services
459 Whitetail Ln.
Grand Junction, CO 81503

Miami, FL 33193
305-388-0889

EARL L. WILLIAMS
President

July 22, 1997

Florida Department of State

I moved corporate headquarters during the year of 1996. Even though I sent in a change of address form I never received my 1997 Annual Report Document. When I realized this fact I called and was sent the enclosed document which I am now filing.

According to Trevor, in your office, the filing fee penalty can be waived (once) in this case. Thank you for your consideration and please record correct address. Thank you.

Earl L. Williams
Williams Medical Services, Inc. (V-73728)
459 Whitetail Lane
Grand Junction, Co. 81503
970-242-5514