

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G86937

**FILED**  
**Mar 18, 2024**  
**Secretary of State**  
**1285715729CC**

**Entity Name:** JOHN V. WILLIAMS, M.D., P.A.

**Current Principal Place of Business:**

6011 S.W. 136 AVENUE  
SOUTHWEST RANCHES, FL 33330

**Current Mailing Address:**

6011 SW 136 AVE  
SOUTHWEST RANCHES  
FORT LAUDERDALE, FL 33330 US

**FEI Number:** 59-2382753

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WALKER, ROSE A.  
6011 SW 136TH AVE  
FORT LAUDERDALE, FL 33330 US

*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

**Officer/Director Detail :**

Title PD  
Name WILLIAMS, JOHN V. M.D.  
Address 6011 SW 136TH AVE  
City-State-Zip: FORT LAUDERDALE FL 33330

Title SECRETARY  
Name WILLIAMS, ROSE A  
Address 6011 S.W. 136 AVE  
City-State-Zip: SOUTHWEST RANCHES FL 33330

*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:** ROSE A. WILLIAMS

**SECRETARY**

**03/18/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date