

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L59562

**Entity Name:** SUSAN J. WILLIAMS, P.A.

**Current Principal Place of Business:**

941 WEST MORSE BLVD  
SUITE 100  
WINTER PARK , FL 32752

**Current Mailing Address:**

P.O. BOX 520622  
LONGWOOD, 32752 AF

**FEI Number:** 59-3018840

**Certificate of Status Desired:** No

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

WILLIAMS, SUSAN J.  
280 S. RONALD REAGAN BLVD  
100  
LONGWOOD, FL 32750 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, SUSAN J ESQ.  
Address P.O. BOX 520622  
City-State-Zip: LONGWOOD FL 32752

*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:** SUSAN J. WILLIAMS

**PRESIDENT**

**02/18/2015**

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

\_\_\_\_\_  
Date