

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000026283

**Entity Name:** CLOIE N. WILLIAMS LMHC P.A.

**Current Principal Place of Business:**

1210 MILLENNIUM PKWY  
STE 1010  
BRANDON, FL 33511

**Current Mailing Address:**

1210 MILLENNIUM PKWY  
STE 1010  
BRANDON, FL 33511

**FEI Number:** 65-0992185

**Certificate of Status Desired:** Yes

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

LEWIS, ANNETTE  
10825B NW 27TH AVE.  
MIAMI, FL 33167 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, CLOIE N  
Address 1210 MILLENNIUM PARKWAY SUITE  
1010  
City-State-Zip: BRANDON FL 33511

Title VD  
Name WILLIAMS, SYLVESTER  
Address 3119 SOUTH MILLER RD.  
City-State-Zip: VALRICO FL 33596

Title SD  
Name LEWIS, ANNETTE CPA  
Address 10825B NW 27TH AVE.  
City-State-Zip: MIAMI FL 33167

Title TD  
Name TAYLOR, LAUNTIA  
Address 5218 LAURELL POINT  
City-State-Zip: VALRICO FL 33596

*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:** SYLVESTER WILLIAMS

VD

04/28/2016

Electronic Signature of Signing Officer/Director Detail

Date