

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000133195

**Entity Name:** WILLIAM C. BROWN, M.D., INC.

**Current Principal Place of Business:**

1103 S FORT HARRISON AVE.  
CLEARWATER, FL 33756

**Current Mailing Address:**

1103 S FORT HARRISON AVE.  
CLEARWATER, FL 33756

**FEI Number: 82-0579779**

**Certificate of Status Desired: No**

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

BROWN, WILLIAM CJR  
1103 SOUTH FORT HARRISON AVE  
CLEARWATER, FL 33759 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 DPST  
Name BROWN, WILLIAM CJR  
Address 2973 CIELO CIRCLE S  
City-State-Zip: CLEARWATER FL 33579

*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: WILLIAM C BROWN JR**

**DPST**

**04/03/2023**

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

\_\_\_\_\_  
Date