

2016 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.

DIRECTOR

04/08/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date