

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000093448

**Entity Name:** ROBERT M. WILLIAMS, D.D.S., P.A.

**Current Principal Place of Business:**

6700 CROSSWINDS DRIVE NORTH  
STE 200C  
SAINT PETERSBURG, FL 33710

**Current Mailing Address:**

6700 CROSSWINDS DRIVE NORTH  
STE 200C  
SAINT PETERSBURG, FL 33710 US

**FEI Number:** 65-0544936

**Certificate of Status Desired:** No

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

WILLIAMS, ROBERT M  
6700 CROSSWIND DR NORTH  
STE 200C  
ST PETERSBURG, FL 33710 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 D  
Name WILLIAMS, ROBERT M  
Address 163 22ND AVE NORTH  
City-State-Zip: ST PETERSBURG FL 33710

*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:** ROBERT M WILLIAMS DDS

**OWNER**

**04/29/2019**

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

\_\_\_\_\_  
Date