

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000043790

**Entity Name:** WILLIAM W. ADAMS, M.D., P.A.

**Current Principal Place of Business:**

2299 9TH AVENUE NORTH  
STE. 2C  
ST. PETERSBURG, FL 33713

**Current Mailing Address:**

2299 9TH AVENUE NORTH  
STE. 2C  
ST. PETERSBURG, FL 33713 US

**FEI Number:** 59-3444467

**Certificate of Status Desired:** No

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

ADAMS, WILLIAM W  
2299 NINTH AVE. N., STE. 2C  
ST. PETERSBURG, FL 33713 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 ADAMS, WILLIAM W  
Address 2299 NINTH AVE. N., STE. 2C  
City-State-Zip: ST. PETERSBURG FL 33713

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 W ADAMS MD

**OWNER**

**01/04/2018**

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

\_\_\_\_\_  
Date