

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90002 018 ***150.00

DOCUMENT # M25784
 1. Entity Name
 DR. VINCENT A. BILELLO, P.A.



Principal Place of Business
 3462 N UNIVERSITY DR
 SUITE 308
 SUNRISE, FL 33351 US

Mailing Address
 1440 CORAL RIDGE DR
 STE 308
 CORAL SPRINGS, FL 33071 US

54064716



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

06302004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
 BILELLO, VINCENT A., DR.
 12040 NW 62ND CT
 CORAL SPRINGS, FL 33076

7. Name and Address of New Registered Agent
 Name *DR. Vincent A. Bilello*
 Street Address (P.O. Box Number is Not Acceptable)
1440 Coral Ridge DR. # 308
 City *Coral Springs* FL Zip Code *33071*

4. FEI Number
 59-2621724 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BILELLO, VINCENT A., DR. 12040 NW 62ND CT CORAL SPRINGS, FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1440 Coral Ridge DR. # 308 CORAL SPRINGS, FL 33071</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other, like empowered.

SIGNATURE: *V. A. Bilello* Vincent A Bilello *7-23-04* *957-716-9600*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #