

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 19, 2005 8:00 am**  
**Secretary of State**

07-19-2005 90038 033 \*\*\*150.00

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



Principal Place of Business      Mailing Address  
 3462 N UNIVERSITY DR      1440 CORAL RIDGE DR  
 SUITE 308      STE 308  
 SUNRISE, FL 33351 US      CORAL SPRINGS, FL 33071 US

**50056068**



2. Principal Place of Business      3. Mailing Address  
 3801 N UNIVERSITY DR  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

07052005    Chg-P    CR2E034 (10/03)

City & State      City & State  
 Sunrise FL      City & State

4. FEI Number      Applied For  
 59-2621724      Not Applicable

Zip      Country      Zip      Country  
 33351      Broward

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

**8. Name and Address of Current Registered Agent**  
 BILELLO, VINCENT A., DR.  
 1440 CORAL RIDGE DR  
 # 308  
 CORAL SPRINGS, FL 33071

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      Zip Code

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BILELLO, VINCENT A., DR. 1440 CORAL RIDGE DR # 308 CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Vincent A. Bilello P.A.*      Vincent A Bilello      7-15-05      351 776 9600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #