


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000102861**

1. Entity Name  
 MICHAEL T. REILLY, MD AND DAVID H. GILBERT, MD,  
 P.A.



Principal Place of Business      Mailing Address

4875 NORTH FEDERAL HIGHWAY SUITE 801      4875 NORTH FEDERAL HIGHWAY SUITE 801  
 FORT LAUDERDALE, FL 33308      FORT LAUDERDALE, FL 33308

**DO NOT WRITE IN THIS SPACE**



01102006      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
 65-1051426      Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.  
 941 FOURTH STREET #200  
 MIAMI BEACH, FL 33139

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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 reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GILBERT, DAVID H MD
STREET ADDRESS	4875 NORTH FEDERAL HIGHWAY SUITE 801
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	D
NAME	REILLY, MICHAEL T MD
STREET ADDRESS	4875 NORTH FEDERAL HIGHWAY SUITE 801
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Michael T. Reilly      Date: 1/24/06      Daytime Phone: 977-771-3334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR