

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000102861

**FILED**  
**Apr 26, 2007**  
**Secretary of State**

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

**Current Principal Place of Business:**

4875 NORTH FEDERAL HIGHWAY SUITE 801  
FORT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

4875 NORTH FEDERAL HIGHWAY SUITE 801  
FORT LAUDERDALE, FL 33308

**New Mailing Address:**

FEI Number: 65-1051426

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GILBERT, DAVID H MD  
Address: 4875 NORTH FEDERAL HIGHWAY SUITE 801  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D ( ) Delete  
Name: REILLY, MICHAEL T MD  
Address: 4875 NORTH FEDERAL HIGHWAY SUITE 801  
City-St-Zip: FORT LAUDERDALE, FL 33308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL T REILLY, MD

D

04/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date