2005 FOR PROFIT CORPORATION

ANNUAL REPORT (AR)

DOCUMENT # 479904

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FILED Mar 28, 2005 8:00 am Secretary of State

Daytime Phone #

1. Entity Name				tata	03-28-2005 90057 006 ***150.00					
ANTONIC) G. REVILLA JR., M.D., P.A.					03-28-2003 9003	1/ 006 ****	~130.00		
Principal Plac	e of Business	Mailing Address	·							
,	MMERCIAL BLVD.	1820 E COMMERCIAL BLVD								
SUITE 3		FT LAUDERDALE FL 33308								
FT LAUDER	DALE FL 33308				1188	ns Glart Iwaten Larra Lanii Rumi ets	rı etanı bieni ele	II DIRD DIBII BII	III TEL II I TOJ	
2 Principal P	Place of Business	3. Mailing Address								
2		1880 E. Commercial								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/04)					
		3						·	E	
City & State		Ft Land . F1.			I 50_1616572			oplied For ot Applicable		
Zip	Country	7in	Country	+			_ \$	8.75 Add		
- +]	33308			5. Certificate	of Status Desired		ee Require		
	6. Name and Address of Current				7. Name and	Address of New Re	jistered Ag	ent		
				Name:						
REV	/ILLA, ANTONIO G JR MD		Street A	ddress (P.	O. Box Number is Not Acceptable)					
	0 E COMMERCIAL BLVD LAUDERDALE FL 33308									
	_ (OS2.15, (22) 2 00000		1							
			City				FL	Zip Cod	le	
8 The above	named entity submits this statement for	or the purpose of changing its re	gistered office or	registere	d agent or bo	oth in the State of Flori		miliar with	and accept	
	tions of registered agent.	r the purpose of ortaligning he to	gioloroa ombo or	· · · · · · · · · · · · · · · · · · ·	a agam, or be	an, at the class of their		villar vival,	, and accept	
CIONIATURE	*									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE, R	legistered Agent signatu	w benuper en	vhen reinstating)		DATE			
8)/33 G F	ILE NOW!!! FEE IS \$150.00		 -							
Market Street Company	May 1, 2005 Fee Will Be \$550.00					Election Campaig Trust Fund Contri		_	. 00 May Be	
Make Chec	k Payable to Florida Department o	f State				Trast rana cons	Dabon. L	_ Add	eu (0 Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFIC	ERS AND [IRECTOR	S IN 11	
TITLE	PD	☐ Delete	TITLE				[Change	Addition	
NAME	REVILLA, ANTONIO G JR		NAME OVEREN ARROSEOS							
STREET ADDRESS CITY-ST-ZIP	1820 E COMMERCIAL BLVD FT LAUDERDALE, FL 0		STREET ADDRESS CITY-ST-ZIP							
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NAME	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	☐ Delete	NAME				ı	change	Addition	
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CtTY-ST-Z(P	•		CITY-ST-ZIP							
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NAME		-	NAME						-	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
			· · · · · · · · · · · · · · · · · · ·			·		Change	- Addition	
TITLE NAME		Delete	TITLE NAME				l		Addition	
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CITY-ST-ZIP			CITY-ST-ZIP			-				
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NAME STREET ADDRESS	1		NAME STREET ADDRESS							
CITY-ST-ZIP	}		CITY-ST-ZIP							
12. I hereby	I certify that the information supplied with	n this filing does not qualify for th	ne exemption stat	ed in Sect	tion 119.07(3)	(i), Florida Statutes. I f	urther certif	v that the i	nformation	
indicated of the co- changed	on this report or supplemental report is reportation or the receiver or trubee emp, or on an attachment with an address,	s true and accurate and that my owered to execute this report as with all other like empowered.	signature shall hi required by Cha	ave the sa pter 607,	ame legal effe Florida Statut	ct as if made under oa es; and that my name	th; that I am appears in I	i an officer Block 10 o	r or director ir Block 11 if	