2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State
01-16-2007 90190 038 ***150.00

DOCUMENT # 479904

1. Entity Name
ANTONIO G. REVILLA JR., M.D., P.A.

40002486

Principal Place of Business	Mailing Address
1880 E. COMMERCIAL BLVD. SUITE 3 FT LAUDERDALE, FL 33308 US	1880 EAST COMMERCIAL BOULEVARD SUITE 3 FT LAUDERDALE, FL 33308 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc	Suite, Apt #, etc
City & State	City & State
Zip / Country	Zip / Country

01032007 Chg-P CR2E034 (12/06)

4. FEI Number: 59-1616573 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REVILLA, ANTONIO G JR MD 1820 E COMMERCIAL BLVD FT. LAUDERDALE, FL 33308	Name: Antonio G. Revilla Jr. MD Street Address (P.O. Box Number is Not Acceptable): 1880 E Commercial Blvd. Suite 3 City: Fort Lauderdale FL Zip Code: 33308

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: REVILLA, ANTONIO G JR STREET ADDRESS: 1820 E COMMERCIAL BLVD CITY ST ZIP: FT LAUDERDALE, FL 0.	☒ Delete	TITLE: PD NAME: Revilla, Antonio G. Jr. STREET ADDRESS: 1880 E Commercial Blvd Suite 3 CITY ST ZIP: Fort Lauderdale, Fl. 33308	☒ Change ☐ Addition
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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: ______________________ 1/9/2007 954 772-0949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #