


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # 479904 1. Entity Name ANTONIO G. REVILLA JR., M.D., P.A.	
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Principal Place of Business 1880 E. COMMERCIAL BLVD. SUITE 3 FT LAUDERDALE, FL 33308 US	Mailing Address 1880 EAST COMMERCIAL BOULEVARD SUITE 3 FT LAUDERDALE, FL 33308 US
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DO NOT WRITE IN THIS SPACE



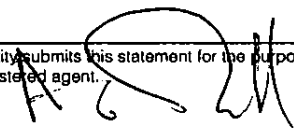
01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1616573	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REVILLA, ANTONIO G JR MD 1880 E COMMERCIAL BLVD STE 3 FT. LAUDERDALE, FL 33308

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IN THIS SPACE**

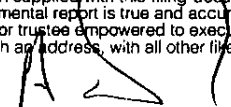
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 1/16/2008

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REVILLA, ANTONIO G JR 1880 E COMMERCIAL BLVD STE 3 FORT LAUDERDALE, FL 33308
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01/24/08-80004-008 150.00

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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 files empowered. SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 1/16/2008 DAYTIME PHONE #
