FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90055 024 ****150.00

DOCUMENT # 604666

1. Corporation Name

MICHAEL D. RILEY, D.O., P.A.

Principal Place of Business	Mailing Address
13042 INDIAN ROCKS RD LARGO FL 34644	13042 INDIAN ROCKS RD LARGO FL 34644

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
09/11/1973

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **59-1493279**	Applied For / Not Applicable

21	26	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation owes the current year Intangible Personal Property Tax.	☒Yes ☐No

9. Name and Address of Current Registered Agent

MICHAEL D. RILEY
13042 INDIAN ROCKS RD.
LARGO FL 33450

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City .... FL	85 Zip Code 3377~

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *(signature)* Michael D. Riley D.O.   DATE 1/11/99

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

12. OFFICERS AND DIRECTORS — 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		DELETE			Change	Addition
TITLE	PD	☐	1.1 TITLE		☐	☐
NAME	RILEY, MICHAEL D		1.2 NAME			
STREET ADDRESS	13042 INDIAN ROCKS RD.		1.3 STREET ADDRESS			
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP			
TITLE	ST	☐	2.1 TITLE		☐	☐
NAME	RILEY, MICHAEL D		2.2 NAME			
STREET ADDRESS	13042 INDIAN ROCKS RD.		2.3 STREET ADDRESS			
CITY-ST-ZIP	LARGO FL		2.4 CITY-ST-ZIP			
TITLE		☐	3.1 TITLE		☐	☐
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		☐	4.1 TITLE		☐	☐
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐	5.1 TITLE		☐	☐
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐	6.1 TITLE		☐	☐
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *(signature)* Michael D. Riley D.O.   1/11/99   (727)596-3441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #