

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 26 AM 7:02

DOCUMENT # 649880

(2)

1. Corporation Name

RICHARD D. PAOLILLO, M.D., P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

600 S NOKOMIS AVE
VENICE FL 34285-3221

Mailing Address

600 S NOKOMIS AVE
VENICE FL 34285-3221

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/31/1979

3a. Date of Last Report

04/18/1994

4. FEI Number

59-1962449

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 1295 Jacaranda Blvd

Suite, Apt. #, etc.

22

City & State

23 Venice Fla

Zip

24 34292

Country

25 Sanazita

2a. Mailing Address

26 1295 Jacaranda Blvd

Suite, Apt. #, etc.

27

City & State

28 Venice Fla

Zip

29 34292

Country

30 Sanazita

9. Name and Address of Current Registered Agent

PAOLILLO, RICHARD D, MD
600 SOUTH NOKOMIS AVENUE
VENICE FL 33595

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPT
NAME CONROY, RICHARD A, MD
STREET ADDRESS 600 S NOKOMIS
CITY - ST - ZIP VENICE, FL 00000

TITLE PTD
NAME PAOLILLO, RICHARD D, MD
STREET ADDRESS 600 SOUTH NOKOMIS AVENUE
CITY - ST - ZIP VENICE, FL 33595

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
~~Delete~~ Conroy, Richard A. ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
1295 Jacaranda Blvd
Venice Fla 34292 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #