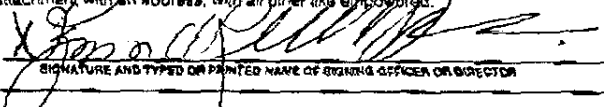


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 673123 1. Entity Name RAYMOND E. REILLY, M.D., P.A.		
Principal Place of Business 1000 TAMiami TRAIL NORTH C/O RAYMOND E. REILLY, STE. 301 NAPLES, FL 34102	Mailing Address 1000 TAMiami TRAIL NORTH C/O RAYMOND E. REILLY, STE. 301 NAPLES, FL 34102	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent REILLY, RAYMOND E 1000 TAMiami TRAIL SUITE 301 NAPLES, FL 34102		
DO NOT WRITE 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 platinum required when registering)) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP REILLY, RAYMOND E 1000 TAMiami TRAIL #301 NAPLES, FL 34102	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 02082006 No Chg-F CR2E034 (11/05) 4. FEI Number 59-2005658 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
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		
DO NOT WRITE IN THIS SPACE		
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:  2/6/06 23926258331 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		