2007 FOR PROFIT CORPORATION ANNUAL REPORT

3/1

FILED
Mar 26, 2007 8:00 am
Secretary of State
03-14-2007 90044 005 ***158.75

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1. Entity Name
MICHAEL T. REILLY, M.D., P.A.

Principal Place of Business	Mailing Address
% MICHAEL T. REILLY 1201 FIFTH AVE. NO., SUITE 401 ST. PETERBURG, FL 33705	% MICHAEL T. REILLY 1201 FIFTH AVE. NO., SUITE 401 ST. PETERBURG, FL 33705

DO NOT WRITE IN THIS SPACE

02162007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2200422
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REILLY, MICHAEL T.
1201 FIFTH AVE., NO., SUITE 401
ST. PETERSBURG, FL 33705

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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

TITLE	DP
NAME	REILLY, MICHAEL T
STREET ADDRESS	1201 5TH AVE NO #401
CITY-ST-ZIP	ST PETERSBURG, FL 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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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: Michael T Reilly Pres 3/21/07 727-821 1132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #