

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # J393336 (9)

1. Corporation Name

STEVEN E. PILLOW, M.D., P.A.



Principal Place of Business

**6 NORTH EUSTIS STREET
EUSTIS FL 32726**

Mailing Address

**6 NORTH EUSTIS STREET
EUSTIS FL 32726**

2. Principal Place of Business

21 18450-C US Hwy 441

Suite, Apt. #, etc.

22

City & State

23 Mount Dora, FL

Zip

24 32757

Country

25 USA

2a. Mailing Address

26 18450-C US Hwy 441

Suite, Apt. #, etc.

27

City & State

28 Mount Dora, FLORIDA

Zip

29 32757

Country

30 USA

3. Date Incorporated or Qualified

10/02/1986

3a. Date of Last Report

03/02/1995

4. FEI Number

59-2719146

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**PILLOW, STEVEN E., M.D.
6 NORTH EUSTIS STREET
EUSTIS FL 32726**

10. Name and Address of New Registered Agent

81 Name Pillow, Steven E. M.D.

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

18450-C US Hwy 441

83

84

City

Mount Dora

FL

85 Zip Code

32757

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 officer or director of the corporation

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PSD
PILLOW, STEVEN E., MD
6 NORTH EUSTIS STREET
EUSTIS, FL 32726**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ 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

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 119.07(3)(k), 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:

Steven E. Pillow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/96 (352)383-4966

Day

Day Phone

CR2E034 (12/95)