

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 27, 2005 8:00 am
Secretary of State

05-27-2005 90024 005 ***150.00

DOCUMENT # J79587 1. Entity Name DANIEL GILL, M.D., P.A.	
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Principal Place of Business 5900 W. JUNIOR COLLEGE RD KEY WEST, FL 33040	Mailing Address P O BOX 5205 KEY WEST, FL 33045 US
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DO NOT WRITE IN THIS SPACE



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2815859	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent GILL, DANIEL, M.D. 5900 W. JUNIOR COLLEGE RD KEY WEST, FL 33040

**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.

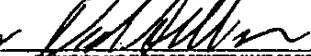
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST GILL, DANIEL, M.D. 5900 W JUNIOR COLLEGE RD KEY WEST, FL
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IN THIS SPACE**

12. 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 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

SIGNATURE:  **DANIEL GILL** 4/26/05 3052945531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #