


**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90076 043 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # K54570</b>					
<b>1. Corporation Name</b> <b>BARBARA M. PAULILLO, PSY.D &amp; ROBERT PAULILLO, PS</b> <b>Y.D., P.A.</b>					
<b>Principal Place of Business</b> <b>520 E. STRAWBRIDGE AVENUE</b> <b>MELBOURNE FL 32901</b> <b>US</b>			<b>Mailing Address</b> <b>520 E. STRAWBRIDGE AVENUE</b> <b>MELBOURNE FL 32901</b> <b>US</b>		
<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>		<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>		<b>3. Date Incorporated or Qualified</b> <b>01/01/1989</b> <b>4. FEI Number</b> <b>59-2937712</b> <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>8. This corporation owes the current year intangible Personal Property Tax.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b> <b>REINMAN &amp; WATTWOOD P.A.</b> <b>1825 S. RIVERVIEW DR.</b> <b>MELBOURNE FL 32901</b>			<b>10. Name and Address of New Registered Agent</b> <b>81 Name</b> <i>Reinman, Matheson, Castro &amp; Vaughan</i> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <i>c/o Victor S. Kastro, Esq.</i> <b>83</b> <i>1825 RIVERVIEW DR.</i> <b>84 City</b> <i>MELBOURNE</i> <b>FL</b> <b>85 Zip Code</b> <i>32901</i>		
<b>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.</b> <b>SIGNATURE</b> <i>Victor S. Kastro</i> <b>DATE</b> <i>06-09-99</i>					
<b>12. OFFICERS AND DIRECTORS</b>			<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>		
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <i>PAULILLO, BARBARA M.</i> <b>STREET ADDRESS</b> <i>3823 S A1A</i> <b>CITY-ST-ZIP</b> <i>MELBOURNE BEACH FL 32951</i>			<b>1.1 TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <i>1450 Paley Circle SE</i> <b>1.4 CITY-ST-ZIP</b> <i>Palm Bay, FL 32909</i>		
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <i>PAULILLO, ROBERT</i> <b>STREET ADDRESS</b> <i>3823 S A1A</i> <b>CITY-ST-ZIP</b> <i>MELBOURNE BEACH FL 32951</i>			<b>2.1 TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <i>1450 Paley Circle SE</i> <b>2.4 CITY-ST-ZIP</b> <i>Palm Bay, FL 32909</i>		
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<b>3.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY-ST-ZIP</b>		
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<b>4.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY-ST-ZIP</b>		
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<b>5.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b>		
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<b>6.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY-ST-ZIP</b>		

**14. 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 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 with all other like empowered.**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Barbara M. Paulillo* **4-22-99** **407-951-2010**  
 Date Daytime Phone #

CR2E034 (11/98)