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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

K97940

(6)

ROBERT J. BRILL, M.D., P.A.

Principal Place of Business

C/O ROBERT J. BRILL

1500 S.E. MAGNOLIA EXTENSION. #204

OCALA FL 32671

Mailing Address

C/O ROBERT J. BRILL 1500 S.E. MAGNOLIA EXTENSION. #204 OCALA FL 32671



						3. Date incorporated or Qualified 07/01/1989	3a. Date	of Last F 5/01/19		
	incipal Place of Business 2a. Mailing Address			•		4. FEI Number	<u> </u>		Applied For	
21	26			<u> </u>		59-2954346			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required				
City & State City & State						6. Election Campaign Financing		\$5.0	00 May Be	
23		28				Trust Fund Contribution			d to Fees	
Zip 1771	Country	Zip <b>29</b>	Cour	ıtry		8. This corporation has liability for in		under s	199.032,	
24	30	_		Florida Statutes Yes No						
	9. Name and Address of Curre	ent Hegistered Agent		81	A1	10. Name and Address of New R	egistered A	gent	<del></del>	
DDII I	DODERT I		[	•'	Name					
Brill, Robert J., 1500 S.E. Magnolia extension				82	Street Address (P.O. Box Number is Not Acceptable)					
		_								
#204 OCALA FL 32671			ľ	83						
				84	City		FL		ip Code	
OF TOGRSTO	red agent, or both, in the State of Flo th, and accept the obligations of, Ser Stir at re-typed or protein name of registered age	otion 607.0505, Florida Statutes	sed by the co s.	orpo	ration's board	ation submits this statement for the purp d of directors. I hereby accept the appo	intment as r	egistered	d agent. I am	
12.		OFFICERS AND DIRECTORS 1			ag letti o To Kin do	ADDITIONS/CHANGES TO OFFIC		DIBECTO	DRS IN 12	
THE	PS	☐ DELETE		. 1 TITLE		10011011010111110101101111		Change	Addition	
NAMi	BRILL, ROBERT J., M.D.	<del></del>	1.2 NAN				<u></u>	, omange		
STREET ADDRESS	TADORESS 1500 SE MAGNOLIA EXT 204				ADDRESS					
City St ZiF	OCALA FL			1 4 CITY - ST - ZIP						
111.f		DELFTE	2 1 1)1		<u> </u>		Г	Change	Addition	
NAME			2 2 NAN	AE.			_	,		
STREET ADDRESS			23 STR	23 STREET ADDRESS					-	
CITY ST-ZIP			2.4 CITY							
TITLE		DELFTF	3.1 7171			——————————————————————————————————————		Change	Addition	
NAME			3.2 NAM	AE			_		_	
STREET ADDRESS			33 STA	EET A	ADORESS					
CHY-S1-ZP			3.4 C(T)	r-ST-	- ZIP					
TITLE		☐ DELETE	4. 1 TiTi	LE				Change	Addition	
NAME:			4.2 NAM	Æ				-		
STREET ADDRESS			4.3 STR	EFT A	DDRESS					
CHY-ST ZIP			4.4 CITY	r-ST-	- 71P					
M.£		☐ DELĒTE	5 1 TH	.E				Change	☐ Addition	
NAME			5 2 NAM	1E					_	
STREET ADDRESS			5 3 STAI	EET AI	DDRESS					
CITY - S1 - 7IP			5.4 DITY	- ST-	ZIP				j	
TITLE		DELETE	6. 1 TITL					Change	Addition	
NAME:			6.2 NAM	16			_	-	_	
STREET ADDRESS			6 3 STR	IA 133	DDRESS					
CITA - 21 - 210			6.4 CITY	-ST-	ZIP				l	
14. I do hereb	y certify that the information supplied	with this filing is voluntarily furn	ished and do	00S I	not qualify for	the exemption stated in Section 119.0	7(3)(k), Florid	da Statut	les I further	

4. 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 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

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECT

DUL- 1/30/96

(904) 622-1211