

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K97940

FILED
Jan 16, 2006
Secretary of State

Entity Name: ROBERT J. BRILL, M.D., P.A.

Current Principal Place of Business:

C/O ROBERT J. BRILL
1500 S.E. MAGNOLIA EXTENSION, #203
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

C/O ROBERT J. BRILL
1500 S.E. MAGNOLIA EXTENSION, #203
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 59-2954346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRILL, ROBERT J
1500 S.E. MAGNOLIA EXTENSION
#203
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: BRILL, ROBERT J., M., D.
Address: 1500 S.E. MAGNOLIA EXTENSION, #203
City-St-Zip: OCALA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: BRILL, ROBERT J., M., D.
Address: 1500 S.E. MAGNOLIA EXTENSION, #203
City-St-Zip: OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J BRILL MD PA

PRES

01/16/2006

Electronic Signature of Signing Officer or Director

Date