## . 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

M37714

(6)

DENNIS M. SPILLER, D.O., P.A.

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Principal Place of Business Mailing Address					T (A DEMOTIL CAN PILITE IN ANY COMMITTEE IN		1961 01941 0	IBII AIBII AIAII IBBI			
C/O DENNIS M. SPILLER 6100 HOLLYWOOD BLVD #104		6100 HOLLYWOOD E	C/O DENMAS M. SPILLER 6100 HOLLYWOOD BLVD #104								
HOLLYWOOI	D FL 3/39/29:	HOLLYWOOD FLXS	HOLLYWOOD FLX <b>33020</b> ¢		<b>4.</b>			of Last Report 12/16/1995			
		2a. Mailing Address	1			4. FEI Number 59-2709680	Applied For Not Applicable				
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc. 27  City & State		5. Certificate of Status Desired			\$8.75 Additional Fee Required			
22 Crty & State 23						6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees					
Z <sub>P</sub> 330	24 Country	<sup>Z<sub>1</sub>p</sup> 33024	30 Cou	ntry		8. This corporation has liability for Florida Statutes 🛣 Yes	intangible ta	ax under :	199.032		
	9. Name and Address of Curre					10. Name and Address of New F	egistered	Agent			
				81	Name						
	R, DENNIS M.			82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)	··			
	2647 HOLLYWOOD BLVD. HOLLYWOOD FL 33020			83			<del></del>				
				84	City		FL	.   -	Zip Code		
or registers	o the provisions of Sections 607.050 ed agent, or both, in the State of Flo h, and accept the obligations of, Sec	rida. Such change was authoriz	zea by the (	ve n	amed corpo oration's boa	ration submits this statement for the purify of directors. I hereby accept the app	rpose of ch ointment as	anging its registere	registered office ed agent. I am		
SIGNATURE -	Signature, typed or printed name of registered age			l Agen	it signature requiri	ad when reinstating)	DATE				
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF					
TITLE	PD	DELETÉ	1, 1 7	ITLE				Change	: Addition		
NAME	spiller, dennis M.		1.2 N	AME							
STREET ADDRESS	2647 HOLLYWOOD BLVD.		13 S	TREET	ADDRESS						
CITY - ST - ZIP	HOLLYWOOD FL		140	IIY-S	7 - ZiP						
TIFLE		☐ DELETE	2 1 T	ITLE			1	Change	Addition		
NAME			22N	AME							
STREET ADDRESS			23S	TREET	ADDRESS						
CITY - ST - ZIP			240	IIY-S	31 - ZIP						
THILE		☐ DELETE	3. 1 1	ITLF				☐ Chang	e 🔲 Addition		
NAME			32 N	AME	İ						
STREET ADDRESS			33 9	STREE	T ADDRESS						
					ST - ZIP						
CITY+ST+ZIP TITLE		DELETE	4.1		<del> </del>			Chang	a Addition		
NAME		kand.	421	AME							
					FADDRESS						
STHEET ADDRESS					ST-ZIP						
CITY-ST-ZIP		DELETE		TITLE	21 £11			☐ Chang	e 🔲 Addition		
TITLE		Dogga	521					~	<del></del>		
NAME			1		1 ADODEOG						
STREET ADDRESS					1 ADDRESS						
CITY-ST Z:P		FT DOLLTS			S1-ZIF			Chang	e Addition		
TITLE		☐ DELETE		TITLE				onang	vAddition		
NAME			621	NAME							
CINCEL ADDRESS			635	STHEE	1 ADDRESS						

14. Ido 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 eath; 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.

6.4 CITY - ST-ZIP

2/2-8/96 (954) 967-6588