

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000055975

1. Entity Name

JOSEPH S. CHIRILLO, JR, M.D. P.A.



Principal Place of Business

190 W DEARBORN STREET
ENGLEWOOD, FL 34223

Mailing Address

190 W DEARBORN STREET
ENGLEWOOD, FL 34223



01252006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1016646

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHIRILLO, JOSEPH S JR
190 W DEARBORN STREET
ENGLEWOOD, FL 34223

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

000001493024
04/19/06-80088-010 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
CHIRILLO, JOSEPH S JR
635 PALOMINO TRAIL
ENGLEWOOD, FL 34223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 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

Date

Daytime Phone

J.S. Chirillo, MD April 1, 2006 941-474-3251