

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000093326

Entity Name: MICHELLE FIORILLO, D.O., P.A.

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1 WEST CAMINO REAL  
SUITE 111  
BOCA RATON, FL 33432

**New Principal Place of Business:**

1 WEST CAMINO REAL  
BOCA RATON, FL 33432

**Current Mailing Address:**

6199 NW 31ST COURT  
BOCA RATON, FL 33496

**New Mailing Address:**

FEI Number: 54-2124135

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FIORILLO, MICHELLE  
1 WEST CAMINO REAL  
SUITE 111  
BOCA RATON, FL 33432 US

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

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: FIORILLO, MICHELLE  
Address: 1 WEST CAMINO REAL  
City-St-Zip: BOCA RATON, FL 33433

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE FIORILLO

DR.

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date