

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Neumann  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000017692 (2)**

1. Corporation Name:

**BARBARA O'REILLY, M.D., P.A.**

Principal Place of Business:

1370 13TH AVE. SOUTH  
JACKSONVILLE BEACH FL 32250

Mailing Address:

1370 13TH AVE. SOUTH  
JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/07/1994**

3a. Date of Last Report:

4. FEI Number: **59-3223275**

Applied For  
Not Applicable

5. Certificate of Status Desired:

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution:

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for advertising fees under the  
Florida Statutes:  Yes  No

2. Principal Place of Business:

21. State Apt # etc:

22. City & State:

23. Zip:

2a. Mailing Address:

26. State Apt # etc:

27. City & State:

28. Zip:

29. Country:

30. Country:

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUSCHMAN, ALBERT E JR.  
2215 SOUTH 3RD ST.  
SUITE 101  
JACKSONVILLE BEACH FL 32250**

B1. Name:  
B2. Street Address (P.O. Box Number is Not Acceptable):  
B3.  
B4. City: **FL** B5. Zip Code:

11. Pursuant to the provisions of Sections 607.0602 and 607.1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE:

Signature of Registered Agent

Signature of Registered Agent

12. OFFICERS AND DIRECTORS	
12.1 NAME D O'REILLY, BARBARA 1370 13TH AVE. SOUTH JACKSONVILLE BEACH FL 32250	
12.2 NAME	
12.3 NAME	
12.4 NAME	
12.5 NAME	
12.6 NAME	
12.7 NAME	
12.8 NAME	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4 NAME	
13.5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8 NAME	
13.9 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 191.02, 191.03, Florida Statutes. I further certify that the information included on this annual report or ten-minute 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 owner or holder empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of a changed or new filing report with an address.

SIGNATURE:

*Barbara O'Reilly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-95

(904) 246-0644