

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000077289 (4)

1. Corporation Name

KELLY GRILLO, MD, PA.



Principal Place of Business

Mailing Address

**2999 NE 191 STREET SUITE 200
NORTH MIAMI BEACH FL 33180**

**2999 NE 191 STREET SUITE 200
NORTH MIAMI BEACH FL 33180**

3. Date Incorporated or Qualified

10/19/1994

3a. Date of Last Report

02/13/1995

2. Principal Place of Business

2a. Mailing Address

21 3702 Washington St.

26 3702 Washington St

4. FEI Number

65-0533067

Applied For

Not Applicable

Suite, Apt. #, etc.

22 404

Suite, Apt. #, etc.

27 404

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

23 Hollywood FL

City & State

28 Hollywood FL

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

24 33021

Country

25 Broward

Zip

29 33021

Country

30 Broward

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRILLO, KELLY MD
2999 NE 191 STREET SUITE 200
NORTH MIAMI BEACH FL 33180**

81 Name

Grillo, Kelly M.D.

82 Street Address (P.O. Box Number is Not Acceptable)

3702 Washington St. #404

83

84

City Hollywood

FL

85 Zip Code

33021

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **GRILLO, KELLY**
STREET ADDRESS **2201 S OCEAN DRIVE #607**
CITY - ST - ZIP **HOLLYWOOD FL 33019**

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **Kelly Grillo, M.D.**
1.3 STREET ADDRESS **3702 Washington St. #404**
1.4 CITY - ST - ZIP **Hollywood, FL 33021**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kelly Grillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

Date

(954) 981-0289

Daytime Phone #

CR2E034 (12/95)