

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90007 030 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000049992 ✓**
1. Corporation Name
PAUL J. REILLY MD PA

Principal Place of Business

Mailing Address

**151 NW 11th ST
W 303**

HOMESTEAD, FL 33030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

6/27/95

2. Principal Place of Business

2a. Mailing Address

21 **SAME**

26 **SAME**

4. FEI Number

65-0604290

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24 Zip

Country

29 Zip

Country

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes

No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PAUL J REILLY MD
151 NW 11th ST
W 303**

HOMESTEAD, FL 33030

81 Name

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

83

84 City

FL

85 Zip Code

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

Paul J. Reilly MD

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 **PRESIDENT** ☐ DELETE

NAME **PAUL J REILLY M.D.**

STREET ADDRESS **151 NW 11th ST W 303**

CITY-ST-ZIP **HOMESTEAD, FL 33030** ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Paul J. Reilly MD

Signature and typed or printed name of signing officer or director

5/5/99

305-246-1033

Daytime Phone #

CR2E034 (11/98)