

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000049972

1. Entity Name
PAUL J. REILLY, M.D., P.A.



Principal Place of Business
151 NW 11TH ST.
W303
HOMESTEAD, FL 33030

Mailing Address
151 NW 11TH ST.
W303
HOMESTEAD, FL 33030



05302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0604290	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

REILLY, PAUL J
151 NW 11TH STREET
W303
HOMESTEAD, FL 33030

**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	REILLY, PAUL J
STREET ADDRESS	151 NW 11TH STREET W303
CITY-ST-ZIP	HOMESTEAD, FL 33030

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/10/07-80030-003 150.00

**DO NOT WRITE
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

Paul J. Reilly, M.D., P.A.

Date

7/5/07

Daytime Phone #

(805) 246-1033