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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000068585**1. Corporation Name

PATRICIA A. DECILLIS, P.A.

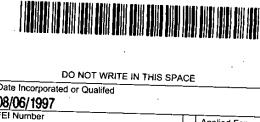
Principal Place of Business 1184 NW 122ND TER HOLLYWOOD FL 33026

Mailing Address

1184 NW 122ND TER HOLLYWOOD FL 33026

FILED Feb 15, 1999 8:00am Secretary of State

02-15-1999 90005 001 ***150.00



					DO NOT WRITE IN THIS SPACE			
					Date Incorporated or Qualifed			
2. Principa	Place of Business	20 14-16- 11			08/06/1997			
21		2a. Mailing Address			4. FEI Number			
	pt. #, etc.	26			65-0770198 Applied For			
	pr. #, esc.	Suite, Apt. #, etc.						
22		27			5. Certificate of Status Desired \$8.75 Additional			
City & St	late	City & State			Fee Required			
23		28			6. Election Campaign Financing \$5.00 May Be			
Zip	Country	Zip			Trust Fund Contribution Added to Fees			
24	25	<u></u>	Coun	try	8. This corporation owes the current year intangible			
		29 3	30		Porcond Day			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent			
DECILLIS, PATRICIA A				11 Nam	ame Registered Agent			
			_					
1184 NW 122ND TER			8	82 Street Address (P.O. Box Number is Not Acceptable)				
HOLLYWOOD FL 33026			<u> </u>					
			8	3				
				4 City				
11 D					ty 85 Zip Code			
II. PUSSIANT to the provisions of Co. 11.								
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE								
OIGINATORE	Signature, typed or printed name of registered agent an							
12.			gistered Age	ent signature	lture required when reinstating) DATE			
TILE	D OTTICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
IAME	1 / DELETE		1.1 TITLE					
DECIEDO, FAIRICIA A			1.2 NAME		☐ Change ☐ Addition			
TREET ADDRESS	1184 NW 122ND TER			T 4000F0-	[
ITY-ST-ZIP	HOLLETWOOD FL 33026			TADDRESS				
TLE		□ DELETE	1.4 CITY-S	T-ZIP				
		I LUCIETE B	24 TITLE					

12.	OFFICERS AND DIRECTORS	(NOTE: Registered Agent signal	ure required when reinstating) DATE
TITLE		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	i ~	LETE 1.1 TITLE	
NAME	DECILLIS, PATRICIA A	1.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	1184 NW 122ND TER	_	
CITY-ST-ZIP	HOLLYWOOD FL 33026	1.3 STREET ADDRE	SS .
TITLE	□ DEI	1.4 CiTY-ST-ZIP	
NAME	i del	Z. Title	☐ Change ☐ Addition
STREET ADDRESS		2.2 NAME	
CITY-ST-ZIP		2.3 STREET ADDRES	ss
TITLE		2. 4 CITY- ST- ZIP	
NAME	☐ DEL	ETE 3.1 TITLE	Change DAJE
STREET ADDRESS		3.2 NAME	☐ Change ☐ Addition
CITY-ST-ZIP	•	3.3 STREET ADDRES	s
TITLE		3.4. CITY-ST-ZIP	
NAME	☐ DEL		
ļ		4.2 NAME	- Change
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP			
TITLE	☐ DELE	4.4 CITY-ST-ZIP	<u> </u>
NAME		O. F. TITLE	☐ Change ☐ Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY-ST-ZIP	
NAME	☐ DELE	TE 6.1 TITLE	ПСто
STREET ADDRESS	•	6.2 NAME	☐ Change ☐ Addition
1		6.3 STREET ADDRESS	
CITY-ST-ZIP	Y5-11-11-11-11-11-11-11-11-11-11-11-11-11	6.4 CITY-ST-ZIP	

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 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99/954-436-4663

CR2F034 (11/08)