

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

FILED  
Aug 07 1998 8:00am  
Secretary of State

DOCUMENT # **P97000107991 (6)**

1. Corporation Name

**RICHARD G. KILFOYLE, M.D., P.A.**

Principal Place of Business

**708 DEL PRADO BOULEVARD SOUTH  
CAPE CORAL FL 33990**

Mailing Address

**708 DEL PRADO BOULEVARD SOUTH  
CAPE CORAL FL 33990**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/23/1997**

4. FEI Number

**65-0809285**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

**24**

Country

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**KILFOYLE, RICHARD G  
708 DEL PRADO BOULEVARD SOUTH  
CAPE CORAL FL 33990**

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **KILFOYLE, RICHARD G**  
STREET ADDRESS **708 DEL PRADO BOULEVARD SOUTH**  
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

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

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

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

**800002612438**  
**-08/11/98--01020--033**  
**\*\*\*150.00**

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.

SIGNATURE

*Richard G. Kilfoyle*

**3.7.98 941 574.7454**

CR2E034 (5/98)



Associates in  
GENERAL & VASCULAR SURGERY

(2)

Vincent J. Belcastro M.D.  
F.A.C.S.

Richard G. Kilfoyle M.D.  
F.A.C.S.

Thomas E. Kowalsky M.D.  
F.A.C.S.

Luis A. Rullova M.D.  
F.A.C.S., F.I.C.S.

Charles P. Shook M.D.  
F.A.C.S.

July 7, 1998

Division of Corporations  
Annual Reports Filings  
PO Box 1500  
Tallahassee FL 32302-1500

Dear Sirs:

Per your instructions from yesterdays phone call, enclosed please find my check for \$150.00. Effective January 1st, 1998 I formed my own P.A. and did not receive the original.. 1998 Profit Corporation Annual Report packet.

If you have any questions along these lines please do not hesitate to contact me.

Sincerely,

Richard G. Kilfoyle, M. D.

RICHARD G KILFOYLE MD PA 02-11-98 708 Del Prado Blvd Cape Coral, FL 33990		1015 63-147/870
DATE 7.6.98		
PAY TO THE ORDER OF	Department of State - Florida	\$ 150.00
one hundred and fifty 00/100		DOLLARS
SUNTRUST SunTrust Bank, Southwest Florida City Hall Office Ft. Myers, FL		
FOR	Profit Corp Annual Report	Richard G Kilfoyle
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