2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S00290

1. Entity Name

JEFFREY A. CHIRILLO, D.M.D., P.A.



Principal Place of Business

130 S. INDIANA AVE.

SUITE B

ENGLEWOOD, FL 34223

Mailing Address

130 S. INDIANA AVE.

SUITE B

ENGLEWOOD, FL 34223

FILED Feb 02, 2007 08:00 AM Secretary of State



DO NOT WRITE IN	THIS	SPACE
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01242007 No Chg-P		CR2E034 (11/05)		
4. FEI Numbe	1		Applied For	
65-0216	679		Not Applicable	

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

CHIRILLO, JEFFREY A. 130 N. INDIANA AVE. SUITE B

DO NOT WRITE IN THIS SPACE

ENGLEWO	NGLEWOOD, FL 34223		13.4	THIS OF ACE		
	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or r	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and little in	f applicable. (NOTE, Registered	i Agent signatur	e required when reinstating)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
OTLE NAME STREET ADDRESS SITY-ST-ZIP	D CHIRILLO, JEFFREY A. 4075 E. PELICAN SHORES ENGLEWOOD, FL	•			U00000617367 02/07/07-80072-018 150.00	
TITLE CAME STREET ADDRESS CITY-ST-ZIP					02/01/01/00012/010 130:00	
TTLE VAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
ITLE IAME STREET ADDRESS CITY+ST+ZIP				IN .	THIS SPACE	
ITLE VAME STREET ADDRESS CITY-ST-ZIP						
ITLE						

12. Thereby certify that the information supplied with this filling 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 eggoewered.

SIGNATURE: _

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PHINTED NAME OF SIGNING OFFICER OR DIRECTOR