

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S21091** (1)

1. Corporation Name

**MICHAEL REILLY, M.D., P.A.**

Principal Place of Business

**4875 N. FEDERAL HWY.  
SUITE 800  
FT. LAUDERDALE FL 33308**

Mailing Address

**4875 N. FEDERAL HWY.  
SUITE 800  
FT. LAUDERDALE FL 33308**



3. Date Incorporated or Qualified  
**01/01/1991**

3a. Date of Last Report  
**01/18/1995**

4. FEI Number  
**65-0234818**

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REILLY, MICHAEL T. M.D.**

**4800 NORTHEAST 20TH TERRACE  
SUITE 800  
FT LAUDERDALE FL 33308**

81 Name  
**REILLY, MICHAEL T., M.D.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**4875 N. FEDERAL HIGHWAY**

83  
**SUITE 800**

84 City  
**PORT LAUDERDALE**

**FL**

85 Zip Code  
**33308**

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

*Michael T. Reilly*

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
<input checked="" type="checkbox"/> DELETE	<b>D</b>	<b>REILLY, MICHAEL T. M.D.</b>	<b>4800 N.E. 20TH TERR.#303</b>
		<b>FT LAUDERDALE FL</b>	
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>REILLY, MICHAEL T. M.D.</b>	<b>4875 N. FEDERAL HIGHWAY SUITE 800</b>	<b>PORT LAUDERDALE FL 33308</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Michael T. Reilly*

Date

Daytime Phone #

CR2E034 (12/95)