PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$35877

GABRIEL CILLO, M.D., P.A.

(7)

FILED Feb 09 1998 8:00am Secretary of State

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							Ш
Principal Place	e of Business	Mailing Address					
5601 N. DIXIE	HWY.	5601 N. DIXIE HWY.					1
SUITE 301	ALE EL 00004	SUITE 301	224		DO NOT WRITE IN THIS	SPACE	
FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334					3. Date Incorporated or Qualified		
•					03/06/1991		
2 Principal Pl	face of Business	2a. Mailing Address			4. FEI Number	Applied	For
21		26	⊢ •		65-0242889	- ('-''	plicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75 Additi	ional
22		27			5. Certificate of Status Desired	Fee Require	ed
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May	Be
23		28			Trust Fund Contribution	Added to Fe	
Zip	Country	Zip	Cour	try	8. This corporation owes or has paid the cu	urrent year Intangil	ole
24	25	29	30		Personal Property Tax due June 30.	X Yes No	}
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
CIL	LO, GABRIEL, MD, PA		-	Name			
	11 NORTH DIXIE, STE #301		-	32 Street Add	dress (P.O. Box Number is Not Acceptable)		
	LAUDERDALE FL 33334		ľ				
• • •			F	33			
			-	34 City		, 85 Zip Code	
				"	FI		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the ab	ove-named co	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its reg	istered
office of fi	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was tions of Section 607.0505. F	autnorized Iorida Statu	by the corpora	ation's board of directors, I hereby accept the ap	pontinent as regis	stereo.
•							
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable (NO	TE: Registered	Agent signature requ	uired when reinstaling) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D	- DELETE	1,1 1111	E		Change	Addition
NAME	CILLO, GABRIEL		1.2 NA	4E			
Street address	5601 N DIXIE HWY, #301		1.3 STP	EET ADDRESS			
CITY - ST - ZIP	FT. LAUDERDALE FL		1.4 CIT	/-ST-ZIP			- 191
TITLE		∐ DELETE	2.1 TITE	E		Change	Addition
NAME			2.2 NAI	1E			
STREET ADDRESS			2.3 STR	EET ADDRESS			
CITY - ST - ZIP				Y-ST-ZIP			
TITLE	:	DELETE	3.1 TITE	E		L Change L	Addition
NAME			3.2 NA)	1E			
STREET ADDRESS			3.3 STR	EET ADDRESS			
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP			1
TITLE		☐ DELETE	4.1 TITE	E		Change	Addition
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 STR	EET ADDRESS			
CITY-ST-ZIP				r-ST-ZIP			
T∔TLE		☐ DELETE	5.1 TIT	E		Change	Addition
NAME			5.2 NA	1E			
STREET ADORESS			5.3 STR	EET ADDRESS			
CITY - ST - ZIP			5.4 CIT	r-st-zip			
TITLE		DELETE	6.1 TIT	E		Change	Addition
NAME	:		6.2 NA	1E			
STREET ADDRESS			6.3 STR	EET ADDRESS			
CITY+ST+7IP			6.4 CiT	r-st-zip			
dd Ibaaaba	certify that the information supplied wi	th this filing does not qualify f	for the exer	nption stated in	in Section 119.07(3)(i), Florida Statutes. I further of	certify that the infor	rmation
officer or i	on this annual report or supplementa director of the corporation or the rece or Block 13 if changed, or on an attac	ilver or trustee empowered to	execute the	is report as re	ture shall have the same legal effect as if made u quired by Chapter 607, Florida Statutes; and that	my name appears	ni s