


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S35877</b> 1. Entity Name GABRIEL CILLO, M.D., P.A.	
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Principal Place of Business 5601 N. DIXIE HWY. SUITE 101 FT. LAUDERDALE, FL 33334	Mailing Address 5601 N. DIXIE HWY. SUITE 101 FT. LAUDERDALE, FL 33334
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**DO NOT WRITE IN THIS SPACE**



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0242889	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CILLO, GABRIEL, MD, PA  
5601 NORTH DIXIE HWY 101  
FT. LAUDERDALE, FL 33334

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CILLO, GABRIEL 5601 NORTH DIXIE HWY 101 FT. LAUDERDALE, FL 33334
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04/14/04-80048-021 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowered.

SIGNATURE: X Gabriel Cillo MD GABRIEL Cillo MD 4/9/04 (954) 491-1600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #