


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # S35877  
1. Entity Name  
GABRIEL CILLO, M.D., P.A.



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

**DO NOT WRITE IN THIS SPACE**



03112005 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-0242889 Applied For: Not Applicable  
5. Certificate of Status Desired:  \$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

**DO NOT WRITE 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: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CILLO, GABRIEL
STREET ADDRESS	5601 NORTH DIXIE HWY 101
CITY-ST-ZIP	FT. LAUDERDALE, FL 33334
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000001280346  
03/30/05-80015-014 158.75

**DO NOT WRITE IN THIS SPACE**

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 Date: 3/26/05 Daytime Phone #: (954) 491-1600