

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S35877

**FILED**  
**Jan 22, 2006**  
**Secretary of State**

**Entity Name:** GABRIEL CILLO, M.D., P.A.

**Current Principal Place of Business:**

5601 N. DIXIE HWY.  
SUITE 101  
FT. LAUDERDALE, FL 33334

**New Principal Place of Business:**

**Current Mailing Address:**

5601 N. DIXIE HWY.  
SUITE 101  
FT. LAUDERDALE, FL 33334

**New Mailing Address:**

**FEI Number:** 65-0242889      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

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.

SIGNATURE: \_\_\_\_\_ 01/22/2006  
Electronic Signature of Registered Agent      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title:            D            ( ) Delete  
Name:            CILLO, GABRIEL,  
Address:        5601 NORTH DIXIE HWY 101  
City-St-Zip:    FT. LAUDERDALE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            MD            (X) Change ( ) Addition  
Name:            CILLO, GABRIEL, MD,, PA  
Address:        5601 NORTH DIXIE HWY 101  
City-St-Zip:    FT. LAUDERDALE, FL 33334 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CILLO, GABRIEL      MD      01/22/2006  
Electronic Signature of Signing Officer or Director      Date