

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
SEP 19 1995 PM 11:21

DOCUMENT # **S85514** (5)

1. Corporation Name
ROLANDO C. JAMILLA, M.D., P.A.

Principal Place of Business Mailing Address
**1890-F NORTH TAMiami TRAIL
N. FT. MYERS FL 33917
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/07/1991** 3a. Date of Last Report **02/07/1994**

2. Principal Place of Business 2a. Mailing Address
21 **50-4 PINE ISLAND RD.** 26 **50-4 PINE ISLAND RD.**
22 **N. Ft. Myers, FL** 27 **N. Ft. Myers, FL**
23 **33903 U.S.** 28 **33903 U.S.**
24 Zip 25 Country 29 Zip 30 Country

4. FEI Number **65-0290572** 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

9. Name and Address of Current Registered Agent

**JAMILLA, ROLANDO C.
1890-F NORTH TAMiami TRAIL
N. FT. MYERS FL 33917**

10. Name and Address of New Registered Agent

81 Name **JAMILCA, ROLANDO C.**
82 Street Address (P.O. Box Number Not Acceptable) **50-4 PINE ISLAND RD.**
83 **N. Ft. Myers, FL**
84 City **FL** 85 Zip Code **33903**

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reconstituting

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	JAMILLA, ROLANDO C.
STREET ADDRESS	1890-F N. TAMiami TRAIL
CITY - ST - ZIP	NORTH FORT MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	50-4 PINE ISLAND RD.
1.4 CITY - ST - ZIP	N. Ft. Myers, FL, 33903
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(b), Florida Statutes. I further certify that the information included on the 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, checked, as on an attorney with an address.

SIGNATURE:

[Handwritten Signature] **ROLANDO C. JAMILLA** **1/30/95** **813-656-0411**
DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR