

**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 20 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**                                      **1890-F NORTH TAMiami TRAIL  
N. FT. MYERS FL 33917  
US**

DO NOT WRITE IN THIS SPACE.

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

2. Principal Place of Business      2a. Mailing Address  
21 **50-4 PINE ISLAND RD.**      26 **50-4 PINE ISLAND RD.**  
City & State, etc.                                      City & State, etc.  
22 **D. FT. MYERS, FL**                                      27 **D. FT. MYERS, FL**  
City & State                                                              City & State  
23 **33903 U.S.**                                                              28 **33903 U.S.**  
Zip                                                              Zip                                                              Country                                                              Country

4. FEI Number      Applied For  
**65-0290572**                                       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

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

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 **JAMILLA, ROLANDO C.**  
82 Street Address (P.O. Box Number Not Acceptable) **50-4 PINE ISLAND RD.**  
83 **D. FT. MYERS, FL**  
84 City  
85 Zip Code **FL 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	<b>D</b>
NAME	<b>JAMILLA, ROLANDO C.</b>
STREET ADDRESS	<b>1890-F N. TAMiami TRAIL</b>
CITY - ST - ZIP	<b>NORTH FORT MYERS FL</b>
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	<b>50-4 PINE ISLAND RD.</b>
1.4 CITY - ST - ZIP	<b>D. FT. MYERS, FL, 33903</b>
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, the undersigned, 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 is stated 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** **1/30/94** **813-656-0411**  
DIRECTOR