

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V40692

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** SHEILA GILLIKIN, M.D., P.A.

**Current Principal Place of Business:**

1014 E. NORTH BLVD. HWY 441  
LEESBURG, FL 34748 US

**New Principal Place of Business:**

910 OLD CAMP RD  
130  
THE VILLAGES, FL 32162 US

**Current Mailing Address:**

7750 E MISTY LN  
INVERNESS, FL 34450 US

**New Mailing Address:**

**FEI Number:** 59-3128340

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GILLIKIN, SHEILA  
7750 E MISTY LN  
INVERNESS, FL 34450 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GILLIKIN, SHEILA  
Address: 7750 E MISTY LN  
City-St-Zip: INVERNESS, FL 34450

I hereby 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 all other like empowered.

SIGNATURE: SHEILA GILLIKIN

P

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date