

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V61996

FILED  
Apr 11, 2011  
Secretary of State

**Entity Name:** RONALD T. GILROY, M.D., P.A.

**Current Principal Place of Business:**

300 AMBERJACK PL  
MELBOURNE BCH, FL 32951 US

**New Principal Place of Business:**

529 W RIVER OAKS DR  
INDIALANTIC, FL 32903 US

**Current Mailing Address:**

300 AMBERJACK PL  
MELBOURNE BCH, FL 32951 US

**New Mailing Address:**

529 W RIVER OAKS DR  
INDIALANTIC, FL 32903 US

FEI Number: 59-3143227

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GILROY, RONALD T  
300 AMBERJACK PL  
MELBOURNE BCH, FL 32951 US

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

GILROY, RONALD T  
529 W RIVER OAKS DR  
INDIALANTIC, FL 32903 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/11/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: GILROY, RONALD T.  
Address: 529 W RIVER OAKS  
City-St-Zip: INDIALANTIC, FL 32903 US

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: RONALD T GILROY MD, PA

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

DR

04/11/2011

\_\_\_\_\_  
Date