

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000017692

**Entity Name:** BARBARA O'REILLY, M.D., P.A.

**Current Principal Place of Business:**

820 A1A NORTH  
SUITE E-9  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

820 A1A NORTH  
SUITE E-9  
PONTE VEDRA BEACH, FL 32082 US

**FEI Number:** 59-3223275

**Certificate of Status Desired:** No

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

O'REILLY, BARBARA  
820 A1A NORTH  
SUITE E-9  
PONTE VEDRA BEACH, FL 32082 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:** O'REILLY BARBARA

04/02/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name O'REILLY, BARBARA  
Address 1370 13TH AVE. SOUTH, SUITE 216  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*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:** BARBARA O'REILLY

MD-OWNER

04/02/2019

Electronic Signature of Signing Officer/Director Detail

Date