

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S35877

**Entity Name:** GABRIEL CILLO, M.D., P.A.

**Current Principal Place of Business:**

5601 N. DIXIE HWY.  
SUITE 101  
FT. LAUDERDALE, FL 33334

**Current Mailing Address:**

5601 N. DIXIE HWY.  
SUITE 101  
FT. LAUDERDALE, FL 33334 US

**FEI Number:** 65-0242889

**Certificate of Status Desired:** Yes

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

CILLO, GABRIEL, MD, PA  
5601 NORTH DIXIE HWY  
SUITE 101  
FT. LAUDERDALE, FL 33334 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

\_\_\_\_\_

Date

**Officer/Director Detail :**

Title MD  
Name CILLO, GABRIEL, MD, PA  
Address 5601 NORTH DIXIE HWY 101  
City-State-Zip: FT. LAUDERDALE FL 33334

*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:** GABRIEL CILLO MD

MD

04/05/2015

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Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_

Date