**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 09, 2023**
**Secretary of State**
**6196661172CC**

DOCUMENT# S35877

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

**Current Principal Place of Business:**

2580 NE 40 TH CT
FT. LAUDERDALE, FL 33308

**Current Mailing Address:**

2580 NE 40 TH CT
FT. LAUDERDALE, FL 33308 US

**FEI Number: 65-0242889**

**Certificate of Status Desired:** Yes

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

CILLO , GABRIEL MD
2580 NE 40 TH CT
FT. LAUDERDALE, FL 33308 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: GABRIEL CILLO MD 03/09/2023

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | MD |
| Name | CILLO, GABRIEL |
| Address | 2580 NE 40 TH CT |
| City-State-Zip: | FORT LAUDERDALE FL 33308 |

*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 03/09/2023

Electronic Signature of Signing Officer/Director Detail — Date