

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90090 028 ***150.00

DOCUMENT # 603054 1. Entity Name JANOVITZ, PARRILLO & DELGADO, M.D., P.A.					
Principal Place of Business 2863 S DELANEY AVE ORLANDO, FL 32806			Mailing Address 2863 S DELANEY AVE ORLANDO, FL 32806		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1363225	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JANOVITZ, RICHARD H 2863 S DELANEY AVE ORLANDO, FL 32806				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	JANOVITZ, RICHARD H.		NAME		
STREET ADDRESS	2863 S DELANEY AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP		
TITLE	VP ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	PARRILLO, JAN C.		NAME		
STREET ADDRESS	2863 S DELANEY AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP		
TITLE	STD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	DELGADO, E.FRANK		NAME		
STREET ADDRESS	1754 CARICCON PARK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	OVIEDO, FL 32765		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	DIRECTOR ☐ Change ☒ Addition	
NAME			NAME	PAUL R. NEWBOLD	
STREET ADDRESS			STREET ADDRESS	2863 S DELANEY AVE	
CITY-ST-ZIP			CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
				Date _____ Daytime Phone # _____	