2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State
08-13-2001 90003 027 ***550.00

0103378 AV

DOCUMENT # H33144

1. Entity Name
HUMBERTO R. DELGADO, M.D., P.A.

Principal Place of Business	Mailing Address
% DELGADO. HUMBERTO R. 601 E. DIXIE AVE.. PLAZA 301 LEESBURG FL 34748	% DELGADO. HUMBERTO R. 601 E. DIXIE AVE.. PLAZA 301 LEESBURG FL 34748

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Delgado, Humberto R.		Delgado, Humberto R.	
Suite, Apt. #, etc. 501 Medical Plaza Dr Ste 102		Suite, Apt. #, etc. Suite 102	
City & State Leesburg, Fl		City & State	
Zip 34748	Country USA	Zip	Country

4. FEI Number 59-2468661 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DELGADO, HUMBERTO R.
601 E. DIXIE AVE., PLAZA 301
LEESBURG FL 34748

7. Name and Address of New Registered Agent

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.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After September 12, 2001 Fee will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ — **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DELGADO, HUMBERTO R. 601 E DIXIE AVE PLZA 301 LEESBURG FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Humberto R. Delgado 501 Medical Plaza Dr Suite 102 Leesburg, Fl 34748	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/01)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE Delgado — President — 352-728-0709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #