

2002 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **H33144**

Entity Name

HUMBERTO R. DELGADO, M.D., P.A.**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90139 050 ***150.00

0099959
AV

Principal Place of Business DELGADO, HUMBERTO R. MEDICAL PLAZA DRIVE, SUITE #102 LEESBURG FL 34748	Mailing Address % DELGADO, HUMBERTO R. 501 MEDICAL PLAZA DRIVE, SUITE #102 LEESBURG FL 34748
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Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number **59-2468661**Applied For
Not Applicable

Zip	Country	Zip	Country
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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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

501 MEDICAL PLAZA DR., SUITE 102

City

FL

Zip Code

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 \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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. 501 MEDICAL PLAZA DRIVE, #102 LEESBURG FL 34748 ☐ 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
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

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 or without power of attorney.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)