# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 06, 2010**
**Secretary of State**

DOCUMENT# H33144

**Entity Name:** HUMBERTO R. DELGADO, M.D., P.A.

**Current Principal Place of Business:**

% DELGADO, HUMBERTO R.
501 MEDICAL PLAZA DRIVE, SUITE #102
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

% DELGADO, HUMBERTO R.
501 MEDICAL PLAZA DRIVE, SUITE #102
LEESBURG, FL 34748

**New Mailing Address:**

**FEI Number: 59-2468661** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

DELGADO, HUMBERTO R.
501 MEDICAL PLAZA DR.
SUITE 102
LEESBURG, FL 34748 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP
Name: DELGADO, HUMBERTO R.
Address: 501 MEDICAL PLAZA DRIVE, #102
City-St-Zip: LEESBURG, FL 34748

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: HUMBERTO DELGADO P 04/06/2010

Electronic Signature of Signing Officer or Director — Date