




**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

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	
DO NOT WRITE IN THIS SPACE			
		 04072006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-1363225	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JANOVITZ, RICHARD H 2863 S DELANEY AVE ORLANDO, FL 32806		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<div>000000535428</div> <div>05/08/06-80053-012 150.00</div> <div>DO NOT WRITE IN THIS SPACE</div>	
TITLE P NAME JANOVITZ, RICHARD H. STREET ADDRESS 2863 S DELANEY AVE CITY-ST-ZIP ORLANDO, FL 32806			
TITLE VP NAME PARRILLO, JAN C. STREET ADDRESS 2863 S DELANEY AVE CITY-ST-ZIP ORLANDO, FL 32806			
TITLE STD NAME DELGADO, E.FRANK STREET ADDRESS 1754 CARICCON PARK DRIVE CITY-ST-ZIP OVIEDO, FL 32765			
TITLE D NAME NEWBOLD, PAUL R STREET ADDRESS 2863 S DELANEY AVE CITY-ST-ZIP ORLANDO, FL 32806			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date <u>4/14/2006</u> (407) <u>843-1620</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	