

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 25 AM 11:39

DOCUMENT # 604214

1. Corporation Name
Richard Dellerson M.D., P.A.

Principal Place of Business Mailing Address
Hollywood Fire/Rescue Medical Director
3401 Hollywood Blvd 3401 Hollywood
Hollywood FL 33021 c/o Hlwd Fire/Rescue
UA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	03/16/1973	59-1616035	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired		\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation owes the current year Intangible Personal Property Tax		<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

RICHARD S. DELLERSON, MD, ~~P.A.~~
3401 Hollywood Boulevard
Hollywood, FL 33021

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dellerson, Richard S.	1.2 NAME	
STREET ADDRESS	3501 Hollywood Blkvd.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Hollywood, FL 33021	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	300003026162 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	-10/27/99--01051--009
STREET ADDRESS		2.3 STREET ADDRESS	***150.00 ***150.00
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

R.S. Dellerson MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/99

954-921-8593
Daytime Phone #

CR2E034 (11/98)

RICHARD S. DELLERSON, MD. P.A.
Medical Director
Hollywood Fire/Rescue
3401 Hollywood Boulevard
Hollywood, Florida 33021

Memorial Integrated Healthcare
Primary Health Care
Medical Director

September 29, 1999

TO WHOM IT MAY CONCERN:

We never received form to file. We called and requested that a form be sent to us.

I am enclosing the check in the amount of \$550.00 because it says after a certain date it is not \$ 150.00. Can we be sure to receive this form in the future so we will not be penalized? I believe you have the correct address at this time.

Very truly yours,

RICHARD S. DELLERSON, MD