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**Feb 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 605066 (0)

**1. Corporation Name
JOHN R. DELANEY, M.D., P.A.**



Principal Place of Business: 7035 1ST AVE. S. ST. PETERSBURG FL 33707
Mailing Address: 7035 1ST AVE. S. ST. PETERSBURG FL 33707-1203

3. Date Incorporated or Qualified: 03/12/1974
3a. Date of Last Report: 02/29/1996
4. FEI Number: 59-1526948
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
2a. Mailing Address
21. Suite Apt # etc.
22. City & State
23. Zip Country
24. Zip Country
25. Zip Country
26. Suite Apt # etc.
27. City & State
28. Zip Country
29. Zip Country
30. Zip Country

9. Name and Address of Current Registered Agent
**RIDEN, THOMAS K
100 2ND AVE SOUTH, NORTH TOWER SUITE 400
ST PETERSBURG FL 33707**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DELANEY (JOHN R.), M.D.	
STREET ADDRESS	7035 1ST AVENUE SOUTH	
CITY - ST - ZIP	ST. PETE. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HIRSCH (CHARLES J.), MD	
STREET ADDRESS	7035 1ST AVENUE SOUTH	
CITY - ST - ZIP	ST. PETE. FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DELANEY, JOHN R. M.D.	
STREET ADDRESS	7035 1ST AVENUE SOUTH	
CITY - ST - ZIP	ST. PETE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE X *John R. Delaney* **DATE** *1-27-97* **DAYTIME PHONE #** *813-344-1476*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JOHN R. DELANEY MD**

CR2E034 (9/96)