

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 605066**

1. Entity 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**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**FILED**  
**Jan 08, 2001 8:00 am**  
**Secretary of State**

01-08-2001 90057 043 \*\*\*150.00

A0001000



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1526948**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**RIDEN, THOMAS K  
100 2ND AVE SOUTH, NORTH TOWER SUITE 400  
ST PETERSBURG FL 33707**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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.

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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. 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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/00

Date

Daytime Phone #.

927-344-1476

CR2E034 (10/00)