

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90154 035 ***150.00

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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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

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

JOHN R. DELANEY MD, PRESIDENT

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

7035 1ST AVE. S.

City

ST. PETERSBURG

FL

Zip Code

33707

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME DELANEY (JOHN R.), M.D.
STREET ADDRESS 7035 1ST AVENUE SOUTH
CITY-ST-ZIP ST. PETE. FL

TITLE D ☐ Delete
NAME HIRSCH (CHARLES J.), MD
STREET ADDRESS 7035 1ST AVENUE SOUTH
CITY-ST-ZIP ST. PETE. FL

TITLE S ☐ Delete
NAME DELANEY, JOHN R. M.D.
STREET ADDRESS 7035 1ST AVENUE SOUTH
CITY-ST-ZIP ST. PETE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN R. DELANEY MD, PRES. JOHN R. DELANEY MD, PRES

Date 3/25/06

Daytime Phone #