

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90027 050 \*\*\*150.00

<b>DOCUMENT # 605066</b>	
1. Entity Name JOHN R. DELANEY, M.D., P.A.	
Principal Place of Business 7035 1ST AVE. S. ST. PETERSBURG, FL 33707	Mailing Address <del>7035 1ST AVE. S. ST. PETERSBURG, FL 33707</del> 1849 BRIGHTWATERS BLVD NE ST. PETERSBURG, FL 33704



**DO NOT WRITE IN THIS SPACE**

03012007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1526948	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

DELANEY, JOHN R MD  
7035 1ST AVE SOUTH  
SAINT PETERSBURG, FL 33707

**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 \_\_\_\_\_

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELANEY (JOHN R.), M.D. 7035 1ST AVENUE SOUTH ST. PETE., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIRSCH (CHARLES J.), MD 7035 1ST AVENUE SOUTH ST. PETE., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELANEY, JOHN R. M.D. 7035 1ST AVENUE SOUTH ST. PETE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/13/07

Daytime Phone #

727-344-1476