

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 26, 2008 8:00 am**  
**Secretary of State**

06-26-2008 90002 009 \*\*\*150.00

**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

1849 BRIGHTWATERS BLVD. NE  
SAINT PETERSBURG, FL 33704

40103603



06232008 No Chg-P CR2E034 (11/05)

**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

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 \$550.00**  
**Due by September 12, 2008**

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:**

*John R. Delaney M.D.P.A.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MD, PA

6-22-08-727-344-  
Date Daytime Phone # 1496

ATTACHMENT  
40109203

# 605066

Ms. Michelle Mulligan  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

1849 Brightwaters NE.  
St. Petersburg, Fl 33704  
June 22, 2008

Dear Ms. Mulligan,

I am writing per phone conversation of 6/22/08 regards lost check and corporate annual report mailed to you on 1/30/08. We have been mailing this in since 1974 and have had no previous problem.

At your request, I am mailing once again the check # 8035 in the amount of \$150.00 and the corporate annual report.

Thank you so much for your very kind assistance in this matter.

Very truly yours,

John R. Delaney MD, PA.

John R. DELANEY MD, PA

Document # 605066.