2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2006 08:00 AM Secretary of State

1. Entity Nam	MENT # 648746 R. delucia, III, d.o., p.a.				Secreta	ry of State
Principal Plac 4543 S MAN SUITE 102 TAMPA, FL	HATTAN AVE.	Malling Address 4543 S MANHATTAN AVE. SUITE 102 TAMPA, FL 33611	į			
ם	O NOT WRITE I	02232006 No Chg-P CR2E034 (11/05)				
	III. EUGENE R D O PA NHATTAN	DO NOT WRITE IN THIS SPACE				
The above the obligation SIGNATURE	named entity submits this statement for the ions of registered agent. Signature, typed or pointed name of registered agent and in		ed affice ar register a Agent signature required		nth, in the State of Florida	a. I am familiar with, and accept DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.				00 May Be ed to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE PD DELUCIA, EUGENE R.,III 4543 S MANHATTAN AVE TAMPA, FL	EĈTORS			U00000 05/08/06-	534644 80021-002 150. 00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE						
NAME STREET AODRESS CRY-ST-ZIP				DO	NOT WR	RITE
Title Name Street address City-St-21P				in .	THIS SPA	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
of the cor	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empower or on an attachment with an address, with	e and accurate and that my signa red to execute this report as requi	iture shall have the (iatio lane) emas	dien rahnu Ahem li se in	that I am an afficer or director
SIGNAT	URE SIGNATURE AND TYPED OR PRINT	ED NAME OF SIGNING OFFICER OR DIRECT	igene Oetu	icia III	Care	813-837-246 Daylina Phone 8