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PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J70389** (8)

1. Corporation Name
LINDA F. DELO, D.O., P.A.

Principal Place of Business
**538 SE PORT ST. LUCIE BLVD.
PORT ST LUCIE FL 34984
US**

Mailing Address
**538 SE PORT ST. LUCIE BLVD.
PORT ST LUCIE FL 34984
US**



2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

County

County

24

29

9. Name and Address of Current Registered Agent

**DELO, LINDA F
538 SE PORT ST LUCIE BLVD.
PORT ST LUCIE FL 34984**

81

Name

82

Street Address (P.O. Box Numbers Not Acceptable)

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.09(1), 607.09(2), 607.09(3), Florida Statutes, the above named corporation hereby certifies that the person named herein as its registered agent, or registered agent, or both in the State of Florida, shall discharge the duties imposed by the corporation's board of directors, thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of, Sections 607.09(3), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	DELO, LINDA F.	
STREET ADDRESS	7309 S INDIAN RIVER DR	
CITY, ST, ZIP	FT PIERCE 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		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

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		

14. I do hereby certify that the information supplied in this filing is true and correct, and that the person named herein as its registered agent, or registered agent, or both in the State of Florida, shall discharge the duties imposed by the corporation's board of directors, thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of, Sections 607.09(3), Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or omitted if being deleted from address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 (407) 891-5900

CR2E034 (12/95)