
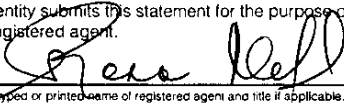
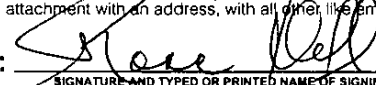


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90033 013 ***150.00

DOCUMENT # K33763 1. Entity Name FRANCISCO M. DELGADO, M.D., P.A.						
Principal Place of Business 8260 W. FLAGLER ST STE 1J MIAMI, FL 33144 US			Mailing Address 8260 W. FLAGLER ST STE 1J MIAMI, FL 33144 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent HIDALGO, MARIEN A 13505 S.W. 72 TERR. MIAMI, FL 33183				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> Rosa A. Delgado V. President </div> <div style="width: 20%; text-align: right;"> 1/28/08 <small>DATE</small> </div> </div>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELGADO, FRANCISCO M. 9920 S.W. 20 ST MIAMI, FL 33165	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 Melvin F. Delgado 14815 S.W. 28 Lane Miami, FL 33185	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DELGADO, ROSA A 9920 S.W. 20 ST MIAMI, FL 33165	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 Marien A. Hidalgo 13505 S.W. 72 Terr. Miami, FL 33183	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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.						
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 40%; text-align: center;"> Rosa A. Delgado </div> <div style="width: 20%; text-align: right;"> 1/28/08 <small>Date</small> </div> <div style="width: 10%; text-align: right;"> 305-223-9693 <small>Daytime Phone #</small> </div> </div>						

40010002



01222008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0075070

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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SIGNATURE:  **Rosa A. Delgado** **1/28/08** **305-223-9693**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #