2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000097990

1. Entity Name
DEL MEDICAL ASSOCIATES, INC.

Principal Place of Business	Mailing Address
159 NORTH 3RD ST. MACCLENNY, FL 32063	PO BOX 1003 ORANGE PARK, FL 32067-1003

DO NOT WRITE IN THIS SPACE

01112005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-3741524		Not Applicable

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

6. Name and Address of Current Registered Agent

SORRESSO, DENNIS P
1375 SOUTHSHORE DR.
ORANGE PARK, FL 32003

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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, 2005 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	SORRESSO, DENNIS P
STREET ADDRESS	1375 SOUTHSHORE DR.
CITY-ST-ZIP	ORANGE PARK, FL 32003

TITLE	V
NAME	SORRESSO, ELEADER
STREET ADDRESS	1375 SOUTHSHORE DR.
CITY-ST-ZIP	ORANGE PARK, FL 32003

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000180204
01/13/05-80050-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____   1·11·05   904-465-3183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #