


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 08:00 AM
Secretary of State

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**



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

1st MOORE CR2E034 (10/07)

4. FEI Number **59-3741524** Applied For
 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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORRESSO, DENNIS P	NAME	
STREET ADDRESS	1375 SOUTHSHORE DR.	STREET ADDRESS	U00000836238
CITY-ST-ZIP	ORANGE PARK FL 32003	CITY-ST-ZIP	03/04/08-80010-011 150.00
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORRESSO, ELEANOR	NAME	
STREET ADDRESS	1375 SOUTHSHORE DR.	STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32003	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ *[Signature]* **2.21.08** **904.465-1962**

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