

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Jul 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000114064

1. Entity Name

JOSEPH N. DELUCA, M.D., PH.D., P.A.



Principal Place of Business

417 CENTERPOINTE CIR., STE. 1747
ALTAMONTE SPRINGS, FL 32701

Mailing Address

417 CENTERPOINTE CIR., STE. 1747
ALTAMONTE SPRINGS, FL 32701

DO NOT WRITE IN THIS SPACE

8 F, - , , , - - 0 , 2 0 F &

07122004 No Chg-P CR2E034 (10/03)

4. FEI Number

02-0547593

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JURGENS, J.A. P.A.
505 WEKIVA SPRINGS RD., STE. 500
LONGWOOD, FL 32779

DO NOT WRITE
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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME DELUCA, JOSEPH N
STREET ADDRESS 417 CENTERPOINTE CIR., STE. 1747
CITY- ST- ZIP ALTAMONTE SPRINGS, FL 32701

TITLE VS
NAME GARDBERG-DELUCA, PEARLENE
STREET ADDRESS 417 CENTERPOINTE CIR. - SUITE 1747
CITY- ST- ZIP ALTAMONTE SPRINGS, FL 32701

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DO NOT WRITE
IN THIS SPACE

000000166402
07/15/04-80007-008 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/04 407-862-5157
Date Daytime Phone #