2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000114064

1. Entity Name
JOSEPH N. DELUCA, M.D., PH.D., P.A.

Principal Place of Business	Mailing Address
417 CENTERPOINTE CIR., STE. 1747 ALTAMONTE SPRINGS, FL 32701	417 CENTERPOINTE CIR., STE. 1747 ALTAMONTE SPRINGS, FL 32701

DO NOT WRITE IN THIS SPACE

04222006 No Chg-P CR2E034 (11/05)

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

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	

U00000536193
05/08/06-80083-017 150.00

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: _____ 4/24/06 407-862-8321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #