


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 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**



03142007 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0547593	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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

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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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTD DELUCA, JOSEPH N 417 CENTERPOINTE CIR., STE. 1747 ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VS GARDBERG-DELUCA, PEARLENE 417 CENTERPOINTE CIR. - SUITE 1747 ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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 04/06/07-80011-008 150.00

**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 individuals empowered.

SIGNATURE: \_\_\_\_\_ Date: 3/29/07 Daytime Phone #: 407-862-5957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR