


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90003 043 ***150.00

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DOCUMENT # P02000002849			
1. Entity Name DOMINGO A. DELGADO-GARCIA, M.D., P.A.			
Principal Place of Business 1212 E. BROWARD BLVD. FT. LAUDERDALE, FL 33301		Mailing Address 1212 E. BROWARD BLVD. FT. LAUDERDALE, FL 33301	
2. Principal Place of Business - No P.O. Box # 4850 W. OAKLAND PK BLVD.		3. Mailing Address 4850 W. OAKLAND PK BLVD.	
Suite, Apt. #, etc. 136		Suite, Apt. #, etc. 136	
City & State LAUDERDALE LAKES, FL		City & State LAUDERDALE LAKES FL	
Zip 33313	Country US	Zip 33313	Country US
6. Name and Address of Current Registered Agent GARCIA, DOMNIGO A 1212 E. BROWARD BLVD. FT. LAUDERDALE, FL 33301		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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, DOMINGO A 1212 E. BROWARD BLVD. FT. LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, DOMINGO A. 4850 W. OAKLAND PK BLVD #136 LAUDERDALE LAKES, FL 33313 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3/5/07 Daytime Phone #	