

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90035 046 ***150.00

DOCUMENT # P02000002849 1. Entity Name DOMINGO A. DELGADO-GARCIA, M.D., P.A.					
Principal Place of Business 4850 W. OAKLAND PARK BLVD. 136 LAUDERDALE LAKES, FL 33313			Mailing Address 4850 W. OAKLAND PARK BLVD. 136 LAUDERDALE LAKES, FL 33313		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 02-0537018 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
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: DOMINGO A. DELGADO-GARCIA Street Address (P.O. Box Number is Not Acceptable): 4850 W. OAKLAND PARK BLVD #136 City: LAUDERDALE LAKES, FL Zip Code: 33313					
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 NAME STREET ADDRESS CITY - ST - ZIP	D GARCIA, DOMINGO A 4850 W. OAKLAND PARK BLVD., 136 LAUDERDALE LAKES, FL 33313 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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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: 1/31/08 Daytime Phone #: 954239-4420		

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