## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000007940

Entity Name: DELRAY HEALTH GROUP, P.A.

**FILED** Aug 06, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

9212 RUTLEDGE AVENUE 1000 LINTON BLVD BOCA RATON, FL 33434

DELRAY BEACH, FL 33344

**Current Mailing Address: New Mailing Address:** 

9212 RUTLEDGE AVENUE PO BOX480427

BOCA RATON, FL 33434 DELRAY BEACH, FL 33448

FEI Number: 22-3974556 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete Title: (X) Change ( ) Addition

GOODMAN, JAN Name: Name: GOODMAN, JAN

9212 RUTLEDGE AVENUE Address: 9782 NAPOLI WOODS LANE Address: City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: DELRAY BEACH, FL 33446

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAN GOODMAN **PRES** 08/06/2009