

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000091052

1. Corporation Name

DELPHI MEDICAL ENTERPRISES, INC.

Principal Place of Business

3920 BEE RIDGE ROAD
BUILDING A STE E
SARASOTA FL 34233
US

Mailing Address

P.O. BOX 21535
SARASOTA FL 34276-4535
US

2. Principal Place of Business

21 6583 GATEWAY AVE

2a. Mailing Address

26 3767 KINGSTON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 SARASOTA FL

City & State

28 SARASOTA FL

Zip Country

24 34231

Zip Country

29 34238

9. Name and Address of Current Registered Agent

WALTER A. RYAN
3712 MALEC CIRCLE
SARASOTA FL 33134

3. Date Incorporated or Qualified

12/16/1994

4. FEI Number

65-0550097

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes No

10. Name and Address of New Registered Agent

81 Name JOSEPH RISTUCCIA

82 Street Address (P.O. Box Number is Not Acceptable)

3775 KINGSTON BLVD

83

84 City SARASOTA

FL

85 Zip Code

34238

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-17-99

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PM
RISTUCCIA, PATRICIA A
3767 KINGSTON RD.
SARASOTA FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PM
RYAN, SHARON A.
3712 MALEC CIRCLE
SARASOTA FL

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA RISTUCCIA

4/6/99

941 927-8291

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CD05034 / 11/01