

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Oct 02, 2002 8:00 A
Secretary of State

DOCUMENT # P950000 25314

1. Entity Name

John Isaac Delgado, M.D., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2801 W. Waters Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Zip

33614

Country

USA

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Michael Knox

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

6023 S. 2nd St

City

Tampa

FL

Zip Code

33611

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.

SIGNATURE

Michael Knox

Michael Knox

9-26-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P.D.P.S. T
John I. Delgado
2801 W. Waters Ave, Suite C
Tampa FL 33614

TITLE
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**DO NOT WRITE
IN THIS SPACE**

13. 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 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 employed to file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-26-02

Date

Daytime Phone #

CR2E034B (12/01)

Michael A. Knox, CPA, P.A.



The CPA. Never Underestimate The Value.®

Michael A. Knox, CPA, CVA
6023 S. 2nd Street
Tampa, FL 33611-4707
Tel/Fax 813-831-0689

October 2, 2002

Secretary of State
Division of Corporations
Attn: Eula Peterson
409 East Gaines Street
Tallahassee, FL 32399

Re: John Isaac Delgado, M.D., P.A.
Document # P95000025314

As per our telephone conversation, of which you confirmed you had already received the completed Uniform Business Report and a check for \$150.00, enclosed you will find an additional check for \$600.00 payable to the Department of State. This is the additional amount due for the Annual Business Report from 1998 through 2002. Please combine this amount with the \$150.00 check you are currently holding, together they total \$750.00, or the annual fee from 1998 through 2002. The letter is also to state that the Uniform Business Report was not received, due to an address change in 1997. I believe this is all the information you requested to complete the reinstatement of the above mentioned corporation.

Thanking you in advance for your cooperation with this matter. If you need any additional information please contact my office.

Sincerely

A handwritten signature in black ink, appearing to read "Michael A. Knox".

Michael A. Knox, CPA, CVA