

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000025314

FILED
Jan 13, 2005
Secretary of State

Entity Name: JOHN ISAAC DELGADO, M.D., P.A.

Current Principal Place of Business:

2919 W SWANN AVE
STE 106
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

PO BOX 24226
TAMPA, FL 33623

New Mailing Address:

FEI Number: 59-3303170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOX, MICHAEL
60 23 S. 2ND ST.
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVPS () Delete
Name: DELGADO, JOHN I
Address: 2919 W SWANN AVE STE 106
City-St-Zip: TAMPA, FL 33609

Title: T () Delete
Name: DELGADO, JOHN
Address: 2919 W SWANN AVE STE 106
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN DELGADO

P

01/13/2005

Electronic Signature of Signing Officer or Director

Date