2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000025314

FILED Apr 09, 2006 Secretary of State

Entity Name: JOHN ISAAC DELGADO, M.D., P.A.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2919 W SW STE 106 TAMPA, FL					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
PO BOX 24 TAMPA, FL					
FEI Number:	59-3303170	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:					
KNOX, MICHAEL 60 23 S. 2ND ST. TAMPA, FL 33611 US			SUITE 203	701 S. HOWARD AVE.	
The above in the State	named enti of Florida.	ty submits this statement for the pu	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: MICHAEL KNOX				04/09/2006	
	Elect	ronic Signature of Registered Age	nt	Date	
Election Cam	paign Finand	cing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PVPS DELGADO, 2919 W SW TAMPA, FL	ANN AVE STE 106	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T DELGADO, 2919 W SW TAMPA, FL	ANN AVE STE 106	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN I. DELGADO 04/09/2006 DR.