

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P95000025314

**FILED**  
**Nov 17, 2010**  
**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  
701 S. HOWARD AVE.  
SUITE 203  
TAMPA, FL 33609 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: MICHAEL KNOX

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOHN ISAAC DELGADO

DR

11/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date