

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morth
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000082960 (2)**

1. Corporation Name

DELANEY MEDICAL, INC.

Principal Place of Business

**2087 ACKOLA POINT
LONGWOOD FL 32779**

Mailing Address

**2087 ACKOLA POINT
LONGWOOD FL 32779**

FILED
Aug 13 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1995

4. FEI Number

59-3346093

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 4234 Columbus Blvd.

Suite, Apt. #, etc.

22

City & State

23 Sebring, FL

Zip

24 33872

Country

25

2a. Mailing Address

26 4234 Columbus Blvd.

Suite, Apt. #, etc.

27

City & State

28 Sebring, FL

Zip

29 33872

Country

30

9. Name and Address of Current Registered Agent

**DELANEY, JOHN D
2087 ACKOLA POINT
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81 Name

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

4234 Columbus Blvd.

83

84 City **Sebring, FL**

FL

85 Zip Code

33872

11. Pursuant to the provisions of sections 607.0507 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]

(NOTE: Registered Agent signature required when reinstating)

8-898

DATE

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

OFFICERS AND DIRECTORS

12. ☐ DELETE

TITLE
NAME **DELANEY, JOHN D**
STREET ADDRESS **2087 ACKOLA POINT**
CITY-ST-ZIP **LONGWOOD FL 32779**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS **4234 Columbus Blvd.**
1.4 CITY-ST-ZIP **Sebring, FL 33872**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS **Delaney Medical**
2.4 CITY-ST-ZIP **P.O. Box 1708 NIA**
SEBRING, FL - 33871

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.

SIGNATURE:

[Signature]

8-848

941-885-1076

CR2E034 (5/98)