2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000054986

1. Entity Name

NOEL E. DELGADILLO, M.D., P.A.



Principal Place of Business

8700 N KENDALL DRIVE

SUITE 218

MIAMI, FL 33176

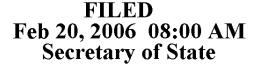
Mailing Address

8700 N KENDALL DRIVE

SUITE 218

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIAMI, FL 33176





DO NOT WRITE IN THIS SPACE

02162006 No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0762226

2/16/06

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Osythma Phone 9

6. Name and Address of Current Registered Agent

DELGADILLO, NOEL E MD 8700 N KENDALL DRIVE SUITE 218 MIAMI, FL 33176

SIGNATURE: _

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	urpose of changing its registered	d office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typod or printed name of registered agent and othe it applicable. (NOTE, Registered Agent signature rec				required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
DITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELGADILLO, NOEL E MD 8700 N KENDALL DRIVE, STE. 218 MIAMI, FL 33176				000000440260 03/02/06-80034-001 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
Title Name Street address Chy-S1-Zip				DO	NOT WRITE
TITCE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					:
12. I hereby certily that the information supplied with this filling does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with all other like empowered.					