

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 22, 1999 8:00 am
Secretary of State

09-22-1999 90001 029 ***150.00

0064504

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000015875

1. Corporation Name
GINA M. DELGARDO, PH.D. P.A.



Principal Place of Business: 4850 WEST OAKLAND PARK BLVD. SUITE 100 FT. LAUDERDALE FL 33313
 Mailing Address: 4850 WEST OAKLAND PARK BLVD. SUITE 100 FT. LAUDERDALE FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1998
 4. FEI Number: 65-0829436
 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 the current year Intangible Personal Property: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

DELGARDO, GINA M
 4850 WEST OAKLAND PARK BLVD.
 SUITE 100
 FT. LAUDERDALE FL 33313

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City: FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Py Delgado, Gina
1.3 STREET ADDRESS	8981 Northwest 78 Street #274
1.4 CITY-ST-ZIP	Tamarac, FL 33321
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: _____

CR2E034 (5/99)

Gina M. DelGardo, Ph.D., P.A.

618285-90DD1-29
P98000015875

4850 West Oakland Park Boulevard, Suite 100
Ft. Lauderdale, Florida 33313
Tel 954-730-2789

September 15, 1999

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Gina M. DelGardo, Ph.D., P.A.
Document # P98000015875
1999 Profit Corporation Annual Report

Dear Sir or Madam:

Pursuant to 1999 Profit Corporation Annual Report Packet (Second Notice), this letter acknowledges the above-mentioned corporation's responsibility to file the Corporation Annual Report. This statement will explain the corporation's reasonable cause for not filing the return on time.

There are two reasonable causes for not filing. Firstly, there is good faith and the absence of willful neglect. Secondly, the principal of the corporation never received a First Notice and was unaware of the need to file the Annual Report.

Gina M. DelGardo, Ph.D., P.A. is a licensed psychology practice, with all current licenses, operating in good faith and the absence of willful neglect. The first year for owning a business is always a learning experience. Previous to retaining the services of an accountant, the business had no support staff. After investigations and to the best of our knowledge, we have determined that the First Notice was never received at the principal place of business.

The corporation has since sought the expertise of professionals to keep it in compliance. Enclosed please find the 1999 Profit Corporation Annual Report along with a check for \$150.00 for the filing fee.

Should there be any questions, please contact the undersigned at the above information in the top right hand corner. Thank you for your consideration in this matter.

Very truly yours,


Gina M. DelGardo, Ph.D.
President