

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # V12787

(0)

1. Corporation Name

TOMAS E. DELGADO, M.D., P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 2:45

Principal Place of Business

Mailing Address

38233 DAUGHTERY ROAD
SUITE C
ZEPHYRHILLS FL 33540

38233 DAUGHTERY ROAD
SUITE C
ZEPHYRHILLS FL 33540

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/07/1992

3a. Date of Last Report

02/02/1994

4. FEI Number

59-3105738

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 6747 GALL BLVD.

26 6747 GALL BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 ZEPHYRHILLS, FL

28 ZEPHYRHILLS, FL

Zip

Country

Zip

Country

24 33541

25

29 33541

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DELGADO, TOMAS E.
38233 DAUGHTERY ROAD
SUITE C
ZEPHYRHILLS FL 33540

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	DELGADO, TOMAS E.
STREET ADDRESS	38233 DAUGHTERY RD.
CITY - ST - ZIP	ZEPHYRHILLS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	XX Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	6747 GALL BLVD.
1.4 CITY - ST - ZIP	ZEPHYRHILLS, FL 33541
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

X Tomas E. Delgado
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-95

813-782-1070