2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000037527

City-St-Zip:

HOLLYWOOD, FL 33022

Entity Name: DELTA HEALTHCARE SERVICES, INC.

FILED Jan 06, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
P. O. BOX HOLLYWO	222025 DOD, FL 33022	2			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P. O. BOX HOLLYWO	222025 OOD, FL 33022	?			
FEI Number:	: 20-2480329	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
736 HOLL	, GEORGE YWOOD BLVD OOD, FL 33019				
	named entity see of Florida.	ubmits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	D () DEKELES, GEO P. O. BOX 2220		Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GEORGE DEKELES D 01/06/2008