2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# P05000037527

Entity Name: DELTA HEALTHCARE SERVICES, INC.

Current Principal Place of Business:

P. O. BOX 222025
HOLLYWOOD, FL 33022

New Principal Place of Business:

736 HOLLYWOOD BLVD
HOLLYWOOD, FL 33019

Current Mailing Address:

P. O. BOX 222025
HOLLYWOOD, FL 33022

New Mailing Address:

FEI Number: 20-2480329 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEKELES, GEORGE
736 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33019 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ______________________________
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DEKELES, GEORGE
Address: P. O. BOX 222025
City-St-Zip: HOLLYWOOD, FL 33022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
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 01/26/2009
Electronic Signature of Signing Officer or Director Date