

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000037527

Entity Name: DELTA HEALTHCARE SERVICES, INC.

Current Principal Place of Business:

740 4 STREET N
SUITE 352
ST. PETERSBURG, FL 33701

Current Mailing Address:

740 4 STREET N
SUITE 352
ST. PETERSBURG, FL 33701 US

FEI Number: 20-2480329

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEKELES, GEORGE
740 4 STREET N
SUITE 352
ST. PETERSBURG, FL 33701 US

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

Officer/Director Detail :

Title D
Name DEKELES, GEORGE
Address 740 4 STREET N
SUITE 352
City-State-Zip: ST. PETERSBURG FL 33701

I hereby 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 all other like empowered.

SIGNATURE: GEORGE DEKELES

DIRECTOR

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date