

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000081729

**Entity Name:** DELTA HEALTHCARE II, LLC.

**Current Principal Place of Business:**

111 SECOND AVENUE NE  
SUITE 702  
ST PETERSBURG, FL 33701

**Current Mailing Address:**

111 SECOND AVENUE NE  
SUITE 702  
ST PETERSBURG, FL 33701 US

**FEI Number:** 46-0606177

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

ELOIAN, MICHAEL  
111 SECOND AVENUE NE  
SUITE 702  
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

**Authorized Person(s) Detail :**

Title MGRM  
Name ELOIAN, MICHAEL  
Address 111 SECOND AVENUE NE, SUITE 702  
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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELOIAN, MICHAEL

**MGRM**

**04/13/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date