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Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F94000001337 (4)**

1. Corporation Name
DELTA HEALTH GROUP, INC.

Principal Place of Business	Mailing Address
600 S BARRACKS ST STE 210 PENSACOLA FL 32501 US	125 W ROMANA ST SUITE 400 PENSACOLA FL 32501-5847 US

3. Date Incorporated or Qualified: 03/16/1994
3a. Date of Last Report: 06/27/1996

2. Principal Place of Business
21 125 W. ROMANA ST.
Suite, Apt. #, etc.
22 SUITE 400
City & State
23 PENSACOLA, FL
Zip 24 32501 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 64-0841477 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BELL, SCOTT J		1.2 NAME		
STREET ADDRESS	125 W ROMANA ST, STE400		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TREHERN, W E		2.2 NAME		
STREET ADDRESS	125 W ROMANO ST, STE400		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TOLAN JR, JOHN J		3.2 NAME		
STREET ADDRESS	125 W ROMANA ST, STE 400		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FOSTER, DANA R		4.2 NAME		
STREET ADDRESS	125 W ROMANO ST, STE400		4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	ST. PE, GERALD		5.2 NAME	ST. PE', GERALD	
STREET ADDRESS	600 S BARRACKS ST STE 210		5.3 STREET ADDRESS	125 W. ROMANA ST, SUITE 400	
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	D	☐ DELETE	6.1 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	WILLIAMS, ROY C		6.2 NAME	WILLIAMS, ROY C.	
STREET ADDRESS	600 S BARRACKS ST STE 210		6.3 STREET ADDRESS	125 W. ROMANA ST. SUITE 400	
CITY-ST-ZIP	PENSACOLA FL		6.4 CITY-ST-ZIP	PENSACOLA, FL 32501	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____, President 1/15/97 904-432-0660