FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 18 1999 8:00 am
Secretary of State

DOCUMENT # **F94000001337**

1. Corporation Name
DELTA HEALTH GROUP, INC.

Principal Place of Business	Mailing Address
125 W. ROMANA ST. SUITE 400 PENSACOLA FL 32501 US	125 W ROMANA ST SUITE 400 PENSACOLA FL 32501 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated Or Qualified: **03/16/1994**

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 owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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 _____ Date
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	[ ] DELETE	11 TITLE	[ ] Change [ ] Add
NAME	BELL, SCOTT J		12 NAME	
STREET ADDRESS	125 W ROMANA ST, STE400		13 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		14 CITY-ST-ZIP	
TITLE	VP	[ ] DELETE	21 TITLE	[ ] Change [ ] Add
NAME	TREHERN, W E		22 NAME	
STREET ADDRESS	125 W ROMANO ST, STE400		23 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		24 CITY-ST-ZIP	
TITLE	T	[ ] DELETE	31 TITLE	[ ] Change [ ] Add
NAME	TOLAN JR, JOHN J		32 NAME	
STREET ADDRESS	125 W ROMANA ST, STE 400		33 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		34 CITY-ST-ZIP	
TITLE	S	[ ] DELETE	41 TITLE	[ ] Change [ ] Add
NAME	FOSTER, DANA R		42 NAME	
STREET ADDRESS	125 W ROMANO ST, STE400		43 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		44 CITY-ST-ZIP	
TITLE	D	[ ] DELETE	51 TITLE	[ ] Change [ ] Add
NAME	ST. PE, GERALD		52 NAME	
STREET ADDRESS	125 W. ROMANA ST., SUITE 400		53 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		54 CITY-ST-ZIP	
TITLE	D	[ ] DELETE	61 TITLE	[ ] Change [ ] Add
NAME	WILLIAMS, ROY C		62 NAME	
STREET ADDRESS	125 W. ROMANA ST., SUITE 400		63 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		64 CITY-ST-ZIP	

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14. I 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, with all other like empowered.

SIGNATURE: John J. Tolan Jr. JOHN J. TOLAN JR. 2/25/99 850-432-0650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

CR2E034 (11/98)