

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90206 001 \*\*\*317.50

0051345 AV

**DOCUMENT # F94000001337**

1. Entity Name

**DELTA HEALTH GROUP, INC.**

Principal Place of Business

**125 W. ROMANA ST.  
 SUITE 400  
 PENSACOLA FL 32501  
 US**

Mailing Address

**125 W ROMANA ST  
~~SUITE 400~~  
 PENSACOLA FL 32501  
 US**

**11511**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2 N. Palafox St.**  
 Suite, Apt. #, etc.

3. Mailing Address

**2 N. Palafox St.**  
 Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

**64-0841477**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BELL, SCOTT J	125 W ROMANA ST, STE 400	PENSACOLA FL	<input type="checkbox"/>
VP	TREHERN, W E	125 W ROMANA ST, STE 400	PENSACOLA FL	<input type="checkbox"/>
T	TOLAN JR, JOHN J	125 W ROMANA ST, STE 400	PENSACOLA FL	<input type="checkbox"/>
S	FOSTER, DANA R	125 W ROMANA ST, STE 400	PENSACOLA FL	<input type="checkbox"/>
D	ST. PE, GERALD	125 W ROMANA ST, SUITE 400	PENSACOLA FL	<input type="checkbox"/>
D	WILLIAMS, ROY C	125 W ROMANA ST, SUITE 400	PENSACOLA FL	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		2 N. Palafox St.		<input checked="" type="checkbox"/>
		2 N. Palafox St.		<input checked="" type="checkbox"/>
		2 N. Palafox St.		<input checked="" type="checkbox"/>
		2 N. Palafox St.		<input checked="" type="checkbox"/>
		2 N. Palafox St.		<input checked="" type="checkbox"/>
		2 N. Palafox St.		<input checked="" type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/8/02 850-432-0650**

Date

Daytime Phone #

CR2E034 (9/01)