



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90015 020 \*\*\*158.75

<b>DOCUMENT # F94000001337</b> 1. Entity Name DELTA HEALTH GROUP, INC.					
Principal Place of Business 2 N PALAFOX ST PENSACOLA, FL <del>32501</del> US			Mailing Address 2 N PALAFOX ST PENSACOLA, FL <del>32501</del> US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip <b>32502</b>		Country		Zip <b>32502</b>	
Country		Country		4. FEI Number <b>64-0841477</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  MCCRORY, SONDR 2 NORTH PALAFOX STREET PENSACOLA, FL <del>32501</del>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL <b>32502</b></div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELL, SCOTT J 2 N PALAFOX ST PENSACOLA, FL <del>32501</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="text-align: right;"><b>32502</b></div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TREHERN, W E 2 N PALAFOX ST PENSACOLA, FL <del>32501</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="text-align: right;"><b>32502</b></div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOLAN JR, JOHN J 2 N PALAFOX ST PENSACOLA, FL <del>32501</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="text-align: right;"><b>32502</b></div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOSTER, DANA R 2 N PALAFOX ST PENSACOLA, FL <del>32501</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="text-align: right;"><b>32502</b></div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST. PE, GERALD 2 N PALAFOX ST PENSACOLA, FL <del>32501</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="text-align: right;"><b>32502</b></div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ROY C 2 N PALAFOX ST PENSACOLA, FL <del>32501</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="text-align: right;"><b>32502</b></div>	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <b>Scott J. Bell</b> <span style="float: right;">1/12/04 850-430-0187</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					