


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000001337 1. Entity Name DELTA HEALTH GROUP, INC.	
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Principal Place of Business 2 N PALAFOX ST PENSACOLA, FL 32502 US	Mailing Address 2 N PALAFOX ST PENSACOLA, FL 32502 US
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01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 64-0841477	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCCRORY, SONDR 2 NORTH PALAFOX STREET PENSACOLA, FL 32502	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BELL, SCOTT J 2 N PALAFOX ST PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TREHERN, W E 2 N PALAFOX ST PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TOLAN JR, JOHN J 2 N PALAFOX ST PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FOSTER, DANA R 2 N PALAFOX ST PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ST. PE, GERALD 2 N PALAFOX ST PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, ROY C 2 N PALAFOX ST PENSACOLA, FL 32502

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01/28/05-80048-002 150.75

**DO NOT WRITE
IN THIS SPACE**

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:  **1/12/05** **850-430-0187**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #