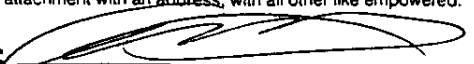


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90182 030 ****61.25

DOCUMENT # N00000001760 1. Entity Name DELTA CARE, INC.					
Principal Place of Business 17535 NW 18 AVENUE MIAMI, FL 33056 US			Mailing Address 17530 NW 18 AVENUE MIAMI, FL 33056 US		
2. Principal Place of Business 17530 NW 18 Avenue Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Miami, Florida		City & State 		4. FEI Number 53-0215218	
Zip 33056		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERRIOTT, ANNE T 17530 NW 18 AVENUE MIAMI, FL 33056				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. 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 reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERRIOTT, ANNE T 17530 NW 18 AVENUE MIAMI, FL 33056	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BELLAMY, ANGELA 16601 SW 84 COURT MIAMI, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YEARBY, TARNISHA 2975 NW 199TH TERR OPA LOCKA, FL 33056	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Yearby, Tanisha 2975 NW 199 Terrace Opa Locka, Florida 33056 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GILLARD, RUDEAN 2531 NW 121 STREET MIAMI, FL 33167	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAD NELSON, JEAN MARIE 69 WILLOW CIRCLE BOYNTON BEACH, FL 33436	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAD Nelson, Jean Marie 67 Willow Circle Boynton Beach, Florida 33436 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 617, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ANNE T. HERRIOTT			Date: 4/29/04 Daytime Phone: 305 349-7007		