

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001760

Entity Name: DELTA CARE, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

17530 NW 18 AVE.
MIAMI, FL 33056 US

New Principal Place of Business:

Current Mailing Address:

17530 NW 18 AVENUE
MIAMI, FL 33056 US

New Mailing Address:

FEI Number: 53-0215218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERRIOTT, ANNE T
17530 NW 18 AVENUE
MIAMI, FL 33056 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HERRIOTT, ANNE T
Address: 17530 NW 18 AVENUE
City-St-Zip: MIAMI, FL 33056

Title: VPD () Delete
Name: BELLAMY, ANGELA
Address: 16601 SW 84 COURT
City-St-Zip: MIAMI, FL

Title: TD () Delete
Name: YEARBY, TANISHA
Address: 2975 NW 199 TERR.
City-St-Zip: OPA LOCKA, FL 33056

Title: S () Delete
Name: GILLARD, RUDEAN
Address: 2531 NW 121 STREET
City-St-Zip: MIAMI, FL 33167

Title: LAD () Delete
Name: NELSON, JEAN MARIE
Address: 67 WILLOW CIR.
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: TYRE, MARILYN
Address: 16288 SW 28 CT
City-St-Zip: MIRAMAR, FL 33027

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: JONES, RENEE
Address: 1723 NW 192 STREET
City-St-Zip: MIAMI, FL 33056

Title: LAD (X) Change () Addition
Name: NELSON, JEAN MARIE
Address: 5150 FOXHALL DRIVE N
City-St-Zip: WEST PALM BEACH, FL 33417

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TREASURER/TANISHA K. YEARBY

TD

04/29/2005

Electronic Signature of Signing Officer or Director

Date