

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001760

Entity Name: DELTA CARE, INC.

FILED  
Apr 08, 2008  
Secretary of State

## Current Principal Place of Business:

17530 NW 18 AVE.  
MIAMI, FL 33056 US

## New Principal Place of Business:

## Current Mailing Address:

16288 SW 28 COURT  
MIRAMAR, FL 33027 US

## New Mailing Address:

FEI Number: 53-0215218

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## 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:

TYRE, MARILYN  
16288 SW 28 CT  
MIRAMAR, FL 33027 US

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: MARILYN TYRE

04/08/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: TYRE, MARILYN A  
Address: 16288 SW 28 COURT  
City-St-Zip: MIRAMAR, FL 33027

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

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

Title: S ( ) Delete  
Name: HARRIS, JO  
Address: 1120 NW 173 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33029

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARILYN TYRE

PD

04/08/2008

Electronic Signature of Signing Officer or Director

Date