

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001760

Entity Name: DELTA CARE, INC.

FILED
Apr 01, 2009
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:

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

Title: () Delete
Name:
Address:
City-St-Zip:

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: SD (X) Change () Addition
Name: HARRIS, JO
Address: 1120 NW 173 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: FSD () Change (X) Addition
Name: CARTER, JUDY S
Address: 3150 NW 49 STREET
City-St-Zip: MIAMI, FL 33142

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

04/01/2009

Electronic Signature of Signing Officer or Director

Date