

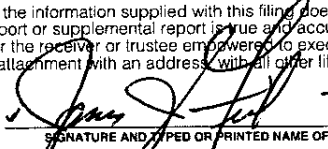


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90176 004 ***150.00

DOCUMENT # P03000029934					
1. Entity Name DELFIN HEALTHCARE, INC.					
Principal Place of Business 6940 S.E. 221ST STREET HAWTHORNE, FL 32640			Mailing Address 6940 S.E. 221ST STREET HAWTHORNE, FL 32640		
2. Principal Place of Business 471 S. NOVA RD Suite, Apt. #, etc.		3. Mailing Address 471 S. NOVA RD Suite, Apt. #, etc.			
City & State ORMOND BEACH FL Zip: 32174-8445 Country: U.S.A.		City & State ORMOND BEACH FL Zip: 32174-8445 Country: U.S.A.		4. FEI Number 14-1875397	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FINCH, JAMES J 5 SHADOW CREEK WAY ORMOND BEACH, FL 32174			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 _____ (NOTE: Registered Agent signature required when reinstating) 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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR FINCH, JAMES J 5 SHADOW CREEK WAY ORMOND BEACH, FL 32174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR DELUCA, DENNIS P 50 SHORE ROAD MAGNOLIA, MA 01930		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: 			JAMES J FINCH		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 2/23/05 Daytime Phone #: 386-671-0020		