


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000029934		
1. Entity Name DELFIN HEALTHCARE, INC.		
Principal Place of Business 471 SOUTH NOVA ROAD ORMOND BEACH, FL 32174-8445		Mailing Address 471 SOUTH NOVA ROAD ORMOND BEACH, FL 32174-8445
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FINCH, JAMES J 5 SHADOW CREEK WAY ORMOND BEACH, FL 32174		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
TITLE	DIR	DO NOT WRITE IN THIS SPACE
NAME	FINCH, JAMES J	
STREET ADDRESS	5 SHADOW CREEK WAY	
CITY - ST - ZIP	ORMOND BEACH, FL 32174	
TITLE	DIR	
NAME	DELUCA, DENNIS P	
STREET ADDRESS	50 SHORE ROAD	
CITY - ST - ZIP	MAGNOLIA, MA 01930	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>James J Finch</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>7/13/07</u> Days to Phone # <u>386-671-0028</u>



07122007 No Chg-P CR2E034 (11/05)

4. FEI Number 14-1875397	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

000000769146
07/16/07-80016-007-150.00
DATE