

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90176 033 ***150.00

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04232008 Chg-P CR2E034 (12/06)

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	
2. Principal Place of Business - No P.O. Box # 75 N. Thompson CREEK Rd		3. Mailing Address 75 N. Thompson CREEK Rd	
Suite, Apt. #, etc. Suite 1		Suite, Apt. #, etc. Suite 1	
City & State ORMOND BEACH FL		City & State ORMOND BEACH FL	
Zip 32174		Zip 32174	
Country 		Country 	
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	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	<input type="checkbox"/> Delete	<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	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		James J. Finch	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/26/08 Daytime Phone # 386-671-0028	