2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# P03000130976

Entity Name: DELTA HEALTH, PA

Current Principal Place of Business:

10441 QUALITY DRIVE
SUITE 302
SPRING HILL, FL 34609

New Principal Place of Business:

14540 CORTEZ BLVD.
SUITE 124
BROOKSVILLE, FL 34613

Current Mailing Address:

10441 QUALITY DRIVE
SUITE 302
SPRING HILL, FL 34609

New Mailing Address:

14540 CORTEZ BLVD.
SUITE 124
BROOKSVILLE, FL 34613

FEI Number: 20-0403832 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOURGHLI, MAHMOUD
10441 QUALITY DRIVE
SUITE 302
SPRING HILL, FL 34609 US

Name and Address of New Registered Agent:

BOURGHLI, MAHMOUD
14540 CORTEZ BLVD.
SUITE 124
BROOKSVILLE, FL 34613 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: MAHMOUD BOURGHLI 04/26/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D,P ( ) Delete
Name: BOURGHLI, MAHMOUD
Address: 10441 QUALITY DRIVE, SUITE 302
City-St-Zip: SPRING HILL, FL 34609

Title: S,T ( ) Delete
Name: BOURGHLI, MAHMOUD
Address: 10441 QUALITY DRIVE, SUITE 302
City-St-Zip: SPRING HILL, FL 34609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P (X) Change ( ) Addition
Name: BOURGHLI, MAHMOUD
Address: 14540 CORTEZ BLVD. STE 124
City-St-Zip: BROOKSVILLE, FL 34613

Title: S,T (X) Change ( ) Addition
Name: BOURGHLI, MAHMOUD
Address: 14540 CORTEZ BLVD. STE 124
City-St-Zip: BROOKSVILLE, FL 34613

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSAMA S KAYALI CPA 04/26/2009
Electronic Signature of Signing Officer or Director Date