

P960000 92272

M. Max Woolden
Requestor's Name
P.O. Box 595
Address
Auburnville, IL 33822
City/State/Zip Phone #

FILED

96 NOV 12 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. DELTA HEALTH MANAGEMENT INC.
(Corporation Name) (Document #) **000001978490--S**
-10/17/96--01040--004
2. _____
(Corporation Name) (Document #) *******78.75 *****78.75**
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

PH 11/12/96 22226
W96
PH 10/18/96



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthum
Secretary of State

October 18, 1996

M MAX WEAVER
P O BOX 595
AUBURNDALE, FL 33823

SUBJECT: DELTA HEALTH MANAGEMENT INC.
Ref. Number: W96000022226

We have received your document for DELTA HEALTH MANAGEMENT INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6915.

Pamela Hall
Document Specialist

Letter Number: 496A00048202

*Mr Bedford if question -
813-328-2956*

FILED

96 NOV 12 AM 9:11

CONFIDENTIAL

Dr. Doolittle's Land, on the

posed to be transacted,
and to the same extent

y and to the same extent.

ty for which the
of Florida."

of Florida.

complete the capitalization

Common Stock, each share

sed in dollars as may be

1 2 3 4

of Common Stock, each
sued upon such terms as

based upon such terms as

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT / REGISTERED OFFICE**

FILED

96 NOV 12 AM 9:11

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office / registered agent, in the state of Florida.

1. The name of the corporation is: Delta Health Management Inc.

2. The name and address of the registered agent and office is:

M. Max Weaver

(Name)

1 Doctors Lane

(P.O. Box NOT Acceptable)

Lake Wales FL 33853

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

SIGNATURE: M. Max Weaver

DATE: 9/11/96

REGISTERED AGENT FILING FEE: \$35.00