

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90052 023 ***150.00

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DOCUMENT # P97000099748

1. Entity Name

DELTA HEALTH SYSTEMS, INC.

Principal Place of Business

Mailing Address

UNIT 101, 1800 AUSTRALIAN AVE. SOUTH
 WEST PALM BEACH FL 33409

UNIT 101, 1800 AUSTRALIAN AVE. SOUTH
 WEST PALM BEACH FL 33409

2. Principal Place of Business

3. Mailing Address

4360 Northlake Blvd

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

City & State

City & State

PALM BEACH GARDENS FL

Zip

Country

Zip

Country

33410

USA

4. FEI Number

65-0798586

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TALERICO, MICHAEL D
 UNIT 101, 1800 AUSTRALIAN AVE. SOUTH
 WEST PALM BEACH FL 33409

SAME AS
 ABOVE

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 EYP
 YOUNG, HAL
 705 GREAT EGRET WAY
 PONTE VEDRA BEACH FL 32082

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 12288 ARBOR DR.
 PONTE VEDRA BEACH FL 32082

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P
 TALERICO, MICHAEL D.
 6769 OAKMONT WAY
 WEST PALM BEACH FL 33412

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 3406 WATERLILY COURT #201
 PALM BEACH GARDENS, FL 33410

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/02

Date

800 722 8997

Daytime Phone #

CR2E034 (9/01)