

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000003911

Entity Name: DELTA MEDICAL CARE, INC.

FILED
Feb 01, 2007
Secretary of State

Current Principal Place of Business:

2435 US 19
STE 600
HOLIDAY, FL 34691 US

Current Mailing Address:

2435 US 19
STE 600
HOLIDAY, FL 34691 US

New Principal Place of Business:

2515 COUNTRYSIDE BLVD
STE C
CLEARWATER, FL 33763 US

New Mailing Address:

2515 COUNTRYSIDE BLVD
STE C
CLEARWATER, FL 33763 US

FEI Number: 59-3490506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KHAN, HAIDER A MD
2435 US 19 STE 600
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

KHAN, HAIDER A MD
2515 COUNTRYSIDE BLVD
SUITE C
CLEARWATER, FL 33763 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:

02/01/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPV () Delete
Name: KHAN, HAIDER A MD
Address: 2435 US 19 STE 600
City-St-Zip: HOLIDAY, FL 34691 US

Title: DTS () Delete
Name: KHAN, SAFIA H
Address: 2435 US 19 STE 600
City-St-Zip: HOLIDAY, FL 34691 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPV (X) Change () Addition
Name: KHAN, HAIDER A MD
Address: 2515 COUNTRYSIDE BLVD, STE C
City-St-Zip: CLEARWATER, FL 33763 US

Title: DTS (X) Change () Addition
Name: KHAN, SAFIA H
Address: 2515 COUNTRYSIDE BLVD
City-St-Zip: CLEARWATER, FL 33763 US

I hereby certify that the information supplied with this filing does not qualify for the 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: HAIDER A KHAN, MD

DPV

02/01/2007

Electronic Signature of Signing Officer or Director

Date