

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000003911

Entity Name: DELTA MEDICAL CARE, INC.

FILED
Mar 10, 2009
Secretary of State

Current Principal Place of Business:

2515 COUNTRYSIDE BLVD
STE C
CLEARWATER, FL 33763 US

New Principal Place of Business:

4010 LINEBAUGH HIGHWAY
STE 220
TAMPA, FL 33618 US

Current Mailing Address:

2515 COUNTRYSIDE BLVD
STE C
CLEARWATER, FL 33763 US

New Mailing Address:

4010 LINEBAUGH HIGHWAY
STE 220
TAMPA, FL 33618 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
2515 COUNTRYSIDE BLVD
SUITE C
CLEARWATER, FL 33763 US

Name and Address of New Registered Agent:

KHAN, HAIDER A MD
4010 LINEBAUGH AVE.
SUITE 220
TAMPA, FL 33618 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:

03/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: DTS () Delete
Name: KHAN, SAFIA H
Address: 2515 COUNTRYSIDE BLVD, STE C
City-St-Zip: CLEARWATER, FL 33763 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPV (X) Change () Addition
Name: KHAN, HAIDER A MD
Address: 4010 LINEBAUGH AVENUE STE 220
City-St-Zip: TAMPA, FL 33618 US

Title: DTS (X) Change () Addition
Name: KHAN, SAFIA H
Address: 4010 LINEBAUGH AVENUE STE 220
City-St-Zip: TAMPA, FL 33618 US

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: HAIDER KHAN, MD

PRES

03/10/2009

Electronic Signature of Signing Officer or Director

Date