

# 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

## Current Mailing Address:

2515 COUNTRYSIDE BLVD  
STE C  
CLEARWATER, FL 33763 US

## New Principal Place of Business:

4010 LINEBAUGH HIGHWAY  
STE 220  
TAMPA, FL 33618 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