

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001760

Entity Name: DELTA CARE, INC.

Current Principal Place of Business:

17530 NW 18 AVENUE
MIAMI, FL 33056

Current Mailing Address:

5398 SW 183 AVENUE
MIRAMAR, FL 33029 US

FEI Number: 01-0719397

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERRIOTT, ANNE T
17530 NW 18 AVENUE
MIAMI GARDENS, FL 33056 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title EXECUTIVE SECRETARY
Name HERRIOTT, ANNE T
Address 17530 NW 18 AVENUE
City-State-Zip: MIAMI FL 33056

Title TREASURER
Name JONES, RENEE S
Address 1723 NW 192 STREET
City-State-Zip: MIAMI FL 33056

Title PRESIDENT
Name LEVY, MICHELLE H
Address 5398 SW 183 AVENUE
City-State-Zip: MIRAMAR FL 33029

Title VP
Name POSTELL, JOYCE
Address 3450 NW 197 STREET
City-State-Zip: MIAMI FL 33056

Title FSD
Name TYRE, MARILYN
Address 16288 SW 28 COURT
City-State-Zip: MIRAMAR FL 33027

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHELLE HICKS-LEVY

PRESIDENT

04/05/2017

Electronic Signature of Signing Officer/Director Detail

Date