

**2016 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:** ANNE TURNER HERRIOTT

**SECRETARY**

**03/10/2016**

Electronic Signature of Signing Officer/Director Detail

Date