

**2015 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:**

17530 NW 18 AVENUE  
MIAMI, FL 33056 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 PD  
Name HERRIOTT, ANNE T  
Address 17530 NW 18 AVENUE  
City-State-Zip: MIAMI GARDENS FL 33056

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

Title TD  
Name HARRIS, JO S  
Address 1120 NW 173 AVENUE  
City-State-Zip: MIRAMAR FL 33029

Title SD  
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 T. HERRIOTT**

**PRESIDENT**

**02/11/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date