

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000086431

Entity Name: AMERICAN COLLEGE OF VIRTUAL HEALTHCARE, INC.

Current Principal Place of Business:

7700 MASSACHUSETTS AVE
NEW PORT RICHEY, FL 34653

Current Mailing Address:

7700 MASSACHUSETTS AVE
NEW PORT RICHEY, FL 34653 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROTELLA LEGAL GROUP, P.A.
100 S ASHLEY DR
SUITE #375
TAMPA, FL 33602 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 P
Name DELTA MEDICAL CARE
Address 7700 MASSACHUSETTS AVE
City-State-Zip: NEW PORT RICHEY FL 34653

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

SIGNATURE: SHARI ROSENBERG

OPERATIONS MANAGER 04/29/2016

Electronic Signature of Signing Officer/Director Detail

Date