

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700803

1. Entity Name

VOLUSIA COUNTY MEDICAL SOCIETY INC

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90015 042 \*\*\*\*61.25

Principal Place of Business

Mailing Address

303 N. CLYDE MORRIS BLVD.  
P. O. BOX 9595  
DAYTONA BEACH, FLORIDA 32120

303 N. CLYDE MORRIS BLVD.  
P. O. BOX 9595  
DAYTONA BEACH, FLORIDA 32120-9595  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7027951

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOUCKS, WILLIAM E  
444 SEABREEZE BLVD  
SUITE 900  
DAYTONA BEACH FL 32118

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
WOODWARD, GERALD R D.O.  
3512 S. ATLANTIC AVE.  
DAYTONA BCH, SHORES FL 32127 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
YUSCHOK, THOMAS JOSEPH  
P.O. BOX 48, RADIOLOGY ASSOCIATES  
DAYTONA BEACH, FL 32115-0048 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
CALDWELL, JACQUES  
311 N. CLYDE MORRIS BLVD, SUITE 510  
DAYTONA BEACH FL 32114 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
DOUGHNEY, KATHLEEN B  
ROC/303 N CLYDE MORRIS BLVD  
DAYTONA BCH FL 32114 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
HENSON, JAMES D  
P O BOX 11107/HALIFAX EMERGENCY PHYS  
DAYTONA BCH FL 32120 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas Yuschok, M.D.

1/7/2000

(904) 255-3321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #