
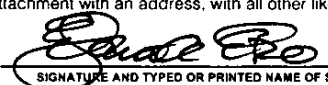


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90033 034 \*\*\*\*61.25

<b>DOCUMENT # 700803</b> 1. Entity Name <b>VOLUSIA COUNTY MEDICAL SOCIETY INC</b>					
Principal Place of Business <b>303 N. CLYDE MORRIS BLVD. DAYTONA BEACH, FL 32120</b>			Mailing Address <b>P. O. BOX 9595 DAYTONA BEACH, FL 32120 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>23-7027951</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <del>LOUCKS, WILLIAM E</del> <del>444 SEABREEZE BLVD</del> <del>SUITE 900</del> <del>DAYTONA BEACH, FL 32118</del>				7. Name and Address of New Registered Agent  Name <b>Gloria S. Barkin</b> Street Address (P.O. Box Number is Not Acceptable) <b>Volusia County Medical Society</b> <b>20 Halifax Health 303 N Clyde Morris Blvd.</b> City <b>Daytona Beach</b> <b>FL</b> Zip Code <b>32114</b>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>DINKLA, HENDRICK</b> <b>742 W PLYMOUTH AVE</b> <b>DELAND, FL 32720</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>EADS, ELIZABETH</b> <b>800 STERTHAUS AVE., SUITE A</b> <b>ORMOND BEACH, FL 32174</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <del>CLANCY, TAMARA R MD</del> <del>201 N. CLYDE MORRIS BLVD STE 205</del> <del>DAYTONA BEACH, FL 32114</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Corbyons, Thomas M. MD</b> <b>685 Peachwood Drive</b> <b>DeLand FL 32720</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>COHEN, HEZI</b> <b>55 N. OLD KINGS RD. STE. C</b> <b>ORMOND BEACH, FL 32174</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> 			<b>Elizabeth Eads, DO</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>3/05/08</b> Daytime Phone # <b>386-255-3321</b>		

40040491



01072008 Chg-NP CR2E037 (12/06)