

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749770

1. Corporation Name

VOLUSIA COMMUNITY CARE, INC.

Principal Place of Business

1220 WILLIS AVENUE DAYTONA BEACH FL 32114-2810 .

Mailing Address

1220 WILLIS AVENUE

DAYTONA BEACH FL 32114-2810

FILED Apr 22, 1999 8:00 am secretary of State

04-22-1999 90034 033 ****61.25



Sulte, Apt. #, etc.	2. Principal Pl	Place of Business 2a. Mailing Address				3. Date Incorporated or Qualifed			
27 State State City & State Status Desired St. 75 Additional Fee Required	21		26		11/13/1979				
City & State City & State City &	Suite, Apt. #, etc. Suite, Apt. #, etc.								
25 27 27 27 27 27 27 27	22		27		39-218/33/				
29 28 29 29 30 Trust Fund Contribution \$5.00 May Be Added to Fees	City & State City & State					5. Certifcate of Status Desired	•	1	
Section Sect									
9. Name and Address of Current Registered Agent WOODS, JUDSON 1 JR 11020 INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH FL 32114 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and attended the obligations of, Section 617,0003, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and attended the obligations of, Section 617,0003, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and the obligations of, Section 617,0003, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and the obligations of, Section 617,0003, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and the obligations of, Section 617,0003, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and the appointment as regist	Žip				- Election Campaign Financing				
WOODS, JUDSON 1 JR 1020 INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH FL 32114 17. Pursuant to the provisions of Sections \$17,0902 and \$17,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section \$17,0902 and \$17,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section \$17,0903, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section \$17,0903, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section \$17,0903, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section \$17,0903, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section \$17,0903, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section \$17,0903, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appoi	24	25 29 30						Fees	
WOODS, JUDSON I JR 1020 INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH FL 32114 ### City ### City ### City ### City ### City ### Address (P.O. Box Number is Not Acceptable) ### City ### Address (P.O. Box Number is Not Acceptable) ### City	- Italia dia Addisso di Contant registate Agric								
1020 INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH FL 32114 13. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. In an familiar with, and accept the obligations of Section 617 0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. In an familiar with, and accept the obligations of Section 617 0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. In an familiar with, and accept the obligations of Section 617 0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. In an familiar with, and accept the obligation of Section 617 0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. In an familiar with, and accept the obligation of Section 617 0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. 12. The provided when rerelating to the corporation's board of directors. I hereby accept the appointment as registered agent. In the provided when rerelating the corporation's board of directors. I hereby accept the appointment as registered agent. In the provided when rerelating the corporation's board of directors. I hereby accept the appointment as registered agent. In the purpose of changing its registered agent. In the purpose of changing its registered agent. In the purpose of change its registered accept the obligation of Section 810 for the purpose of change its registered accept the obligation of Section 810 for the purpose of change its registered accept the obligation of Section	,				Name				
DAYTONA BEACH FL 32114 83	WOODS, JUDSON I JR				82 Street Address (P.O. Box Number is Not Acceptable)				
DAYTONA BEACH FL 32114 83	•								
T1. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent agent and familiar with, and accept the obligations of, Scion 617.0503, Florida Statutes. SIGNATURE S							_		
T1. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent agent and familiar with, and accept the obligations of, Scion 617.0503, Florida Statutes. SIGNATURE S				84	City		_ 85 Zip C	ode	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the applicationed agent and familiar with, and accept the obligations of Section 617.0903, Florida Statutes. SIGNATURE Signature Signature Section 617.0903, Florida Statutes Section 617.09						•			
SIGNATURE Signature, Type do private name of registered agent and other Registered Agent signature required when reinstating) DATE Signature, Type do private name of registered agent and other Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS TITLE DELTONA FL LAROSA, PETE STREET ADDRESS CITY-ST-ZIP DELAND FL 32720	11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered								
SIGNATURE Signature in typed or privited name of registered spent and title if sprincation. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D ZIMNY, ANNA 12 MANE ZIMNY, ANNA 12 MANE SP2 DELTONA BLVD. DELTONA FL 1.4 CITY-ST-ZIP TITLE VD DELETE 22 MANE STREET ADDRESS S	office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board or directors, a nereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
Signature. Typed of prifited name of registered spent and title if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D ZIMNY, ANNA STREET ADDRESS 892 DELTONA BLVD. DELTONA FL LAROSA, PETE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS LAROSA, PETE STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELAND FL 32720 DELAND FL 32720 DELETE DINN, LUCKEY M.D. STREET ADDRESS	T = 1 41 > To								
TITLE	SIGNATURE			gistered Ager	it signature re				
Time D Delete	12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A			
STREET ADDRESS SPECITION A BLVD. 13 STREET ADDRESS 14 CITY-ST-ZIP DELTON A FL 14 CITY-ST-ZIP DELATO A FL 152 SWHIPPOORWILL LANE 23 STREET ADDRESS 1825 WHIPPOORWILL LANE 23 STREET ADDRESS 1825 WHIPPOORWILL LANE 23 STREET ADDRESS 17 CITY-ST-ZIP DELATO B	TITLE	D	DELETE	1.1 TITLE			L Change	☐ Addition	
DELTONA FL TITLE VD DELTE 1A CITY-ST-ZIP TITLE VD LAROSA, PETE 22 FAME STREET ADDRESS 1825 WHIPPOORWILL LANE DELAND FL 32720 Addition NAME STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL DAYTONA BEACH FL DAYTONA BEACH FL Addition Addition Addition Addition Addition Addition Addition Addition Addition Change Addition Addition Change Addition CHAPPELL, LOIS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32114 DELETE DELETE BITTLE D CHAPPELL, LOIS STREET ADDRESS CITY-ST-ZIP PORT ORANGE, FL 32124 Change XXRAddition Change XXRAddition Change XXRAddition	NAME	ZIMNY, ANNA		1.2 NAME				İ	
TITLE VD DELETE 2.1 TITLE PD XXXX Change Addition NAME LAROSA, PETE STREET ADDRESS 1825 WHIPPOORWILL LANE CITY-ST-ZIP DELAND FL 32720 TITLE PD DUNN, LUCKEY M.D. STREET ADDRESS 15 S HALIFAX AVE DAYTONA BEACH FL NAME DAYTONA BEACH FL STREET ADDRESS 11 N FREDERICK AVE DAYTONA BEACH FL 32114 TITLE DAYTONA BEACH FL 32114 DELETE SITTLE VD Change Addition CHAPPELL, LOIS STREET ADDRESS 53 STREET ADDRESS 54 CITY-ST-ZIP PORT ORANGE, FL 32124 TITLE DELETE SITTLE DORTON SACTION STREET ADDRESS 54 CITY-ST-ZIP PORT ORANGE, FL 32124 TITLE DELETE SITTLE DELETE SITTLE DORTON SACTION SACTION STREET ADDRESS 54 CITY-ST-ZIP PORT ORANGE, FL 32124 TITLE DELETE SITTLE DELETE SITTLE DELETE SITTLE DELETE SACTION SACTION STREET ADDRESS SA	STREET ADDRESS	892 DELTONA BLVD.		1.3 STREET	ADDRESS				
NAME LAROSA, PETE 22:NAME 23:STREET ADDRESS 1825 WHIPPOORWILL LANE 23:STREET ADDRESS 1825 WHIPPOORWILL LANE 23:STREET ADDRESS 24:CITY-ST-ZIP DELAND FL 32720 24:CITY-ST-ZIP DUNN, LUCKEY M.D. 32:NAME 33:NAME 33:NAME 33:NAME 33:NAME 34:CITY-ST-ZIP DAYTONA BEACH FL 34:TITLE D Change Addition AMME SCHAEFFER, DEANNA 4:NAME STREET ADDRESS 111 N FREDERICK AVE 43:NAME 42:NAME AND ADDRESS DAYTONA BEACH FL 32:NAME 44:CITY-ST-ZIP DAYTONA BEACH FL 32:NAME 5:NAME 5:N	CITY-ST-ZIP	DELTONA FL		1.4 CITY-S	T-ZIP				
NAME LAROSA, PETE STREET ADDRESS CITY-ST-ZIP DELAND FL 32720 TITLE PD DUNN, LUCKEY M.D. STREET ADDRESS CITY-ST-ZIP DUNN, LUCKEY M.D. STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL STREET ADDRESS CITY-ST-ZIP TITLE D NAME SCHAEFFER, DEANNA STREET ADDRESS CITY-ST-ZIP TITLE D NAME SCHAEFFER, DEANNA STREET ADDRESS CITY-ST-ZIP TITLE DAYTONA BEACH FL 32114 DELETE STREET ADDRESS CITY-ST-ZIP TITLE DAYTONA BEACH FL 32114 DELETE STREET ADDRESS CITY-ST-ZIP TITLE DAYTONA BEACH FL 32114 DELETE STREET ADDRESS CITY-ST-ZIP TITLE DAYTONA BEACH FL 32114 DELETE STREET ADDRESS STREET ADRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	TITLE	VD	☐ DELETE	2.1 TITLE	1	PD	XXX Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP DELAND FL 32720 TITLE PD DUNN, LUCKEY M.D. STREET ADDRESS CITY-ST-ZIP DOUNN, LUCKEY M.D. STREET ADDRESS CITY-ST-ZIP TITLE D DAYTONA BEACH FL STREET ADDRESS CITY-ST-ZIP TITLE D SCHAEFFER, DEANNA 111 N FREDERICK AVE DAYTONA BEACH FL 32114 TITLE D DELETE STREET ADDRESS CITY-ST-ZIP TITLE D SCHAEFFER, DEANNA 111 N FREDERICK AVE DAYTONA BEACH FL 32114 TITLE D DELETE STREET ADDRESS CITY-ST-ZIP TITLE D DELETE STREET ADDRESS CITY-ST-ZIP TITLE D CHAPPELL, LOIS STREET ADDRESS CITY-ST-ZIP TITLE D CHAPPELL, LOIS STREET ADDRESS CITY-ST-ZIP TITLE D CHAPPELL, LOIS STREET ADDRESS CITY-ST-ZIP TITLE D CHAPPELL, LOIS STREET ADDRESS CITY-ST-ZIP TITLE D CHAPPELL, LOIS STREET ADDRESS CITY-ST-ZIP TITLE D CHAPPELL, LOIS STREET ADDRESS CITY-ST-ZIP TITLE D CHAPPELL, LOIS STREET ADDRESS CITY-ST-ZIP TITLE D CHAPPELL, LOIS STREET ADDRESS CITY-ST-ZIP DORT ORANGE, FL 32124 CHAPPELL, LOIS STREET ADDRESS CITY-ST-ZIP TITLE D CHAPPELL, LOIS STREET ADDRESS CITY-ST-ZIP DORT ORANGE, FL 32124 CHAPPELL, LOIS STREET ADDRESS CITY-ST-ZIP DORT ORANGE, FL 32124 CHAPPELL, LOIS STREET ADDRESS CITY-ST-ZIP DORT ORANGE, FL 32124 CHAPPELL, LOIS STREET ADDRESS CITY-ST-ZIP CHAPPELL, LOIS STREET ADDRESS CITY-ST-ZIP DORT ORANGE, FL 32124 CHAPPELL, LOIS STREET ADDRESS CITY-ST-ZIP CHAPPELL	NAME	LAROSA, PETE		2.2 NAME				\	
TITLE PD DELETE 3.1 TITLE D DELETE 3.2 NAME Addition DUNN, LUCKEY M.D. 32 NAME 32 NAME 55 \$ HALIFAX AVE 3.3 STREET ADDRESS 5 \$ HALIFAX AVE 3.4 CITY-ST-ZIP DAYTONA BEACH FL DELETE 4.1 TITLE DAYTONA BEACH FL 32114	STREET ADDRESS	-		2.3 STREE	ADDRESS			.	
TITLE PD DELETE 3.1 TITLE D DELETE 3.2 NAME Addition DUNN, LUCKEY M.D. 32 NAME 32 NAME 55 \$ HALIFAX AVE 3.3 STREET ADDRESS 5 \$ HALIFAX AVE 3.4 CITY-ST-ZIP DAYTONA BEACH FL DELETE 4.1 TITLE DAYTONA BEACH FL 32114	CITY-ST-ZIP	DELAND FL 32720		2.4 CITY-5	T-ZIP				
DUNN, LUCKEY M.D. STREET ADDRESS 155 S HALIFAX AVE DAYTONA BEACH FL TITLE D NAME SCHAEFFER, DEANNA STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32114 L2 NAME ACITY-ST-ZIP ACITY-ST-ZIP DAYTONA BEACH FL 32114 DELETE DELETE DOBLETE DOBLET	TITLE			3.1 TITLE		7	XX Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL TITLE DAYTONA BEACH FL SCHAEFFER, DEANNA STREET ADDRESS 111 N FREDERICK AVE DAYTONA BEACH FL 32114 TITLE DAYTONA BEACH FL 32114 DELETE STREET ADDRESS TITLE DAYTONA BEACH FL 32114 DELETE STREET ADDRESS STREET A	NAME	DUNN, LUCKEY M.D.		3.2 NAME		D			
CITY-ST-ZIP DAYTONA BEACH FL TITLE D NAME SCHAEFFER, DEANNA STREET ADDRESS 111 N FREDERICK AVE DAYTONA BEACH FL 32114 DELETE STREET ADDRESS TITLE NAME STREET ADDRESS STREET ADD	STREET ADDRESS	_ = = : : . ,		3.3 STREET	ADDRESS		•		
TITLE D	CITY-ST-ZIP			3.4. CITY-5	T-ZIP	_			
NAME SCHAEFFER, DEANNA 111 N FREDERICK AVE DAYTONA BEACH FL 32114 111 N FREDERICK AVE CITY-ST-ZIP DAYTONA BEACH FL 32114 111 N FREDERICK AVE CHAPPELL, LOIS STREET ADDRESS 65 CROOKED PINE ROAD TITLE TITLE D Change X Addition			DELETE	4.1 TITLE	$\neg \neg$		Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32114 TITLE DELETE 5.1 TITLE VD CHAPPELL, LOIS STREET ADDRESS 6.5 CROOKED PINE ROAD TITLE TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE DELETE CHAPPELL, LOIS 6.1 TITLE DELETE DELETE Change XIX Addition Change XIX Addition	NAME	-	-	4. 2 NAME	-				
CITY-ST-ZIP DAYTONA BEACH FL 32114 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 44 CITY-ST-ZIP VD CHAPPELL, LOIS 52 NAME CHAPPELL, LOIS 65 CROOKED PINE ROAD 54 CITY-ST-ZIP FORT ORANGE, FL 32124 Change XX Addition				4.3 STREE	T ADDRESS				
TITLE DELETE 5.1 TITLE VD Change XX Addition NAME 52 NAME CHAPPELL, LOIS STREET ADDRESS 65 CROOKED PINE ROAD SACITY-ST-ZIP PORT ORANGE, FL 32124 TITLE DELETE 5.1 TITLE D Change XX Addition				4.4 CITY-S	T-ZIP				
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE S2 NAME CHAPPELL, LOIS 65 CROOKED PINE ROAD 54 CITY-ST-ZIP PORT ORANGE, FL 32124 Change x X Addition	TITLE	<u> </u>	☐ DELETE			VD	☐ Change	XIX Addition	
STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE SA CITY-ST-ZIP FORT ORANGE, FL 32124 Change x X Addition	ł			5.2 NAME	- 1	CHAPPELL, LOIS			
CITY-ST-ZIP DORT ORANGE, FL 32124 TITLE D Change x X Addition		,		5.3 STREET	- 1	65 CROOKED PINE ROAD		1	
TITLE D DELETE 6.1 TITLE D Change X X Addition		· ·	•	5.4 CITY-S	1	ORT ORANGE, FL 3212	4 - 2	+	
•			☐ DELETE	6.1 TITLE				Addition	
I DDIADECT, COORT	•			6.2 NAME		_			
STREET ADDRESS P.O. BOX 10809	~ -			6.3 STREE	ADDRESS	•		1	
ALONG OT 710 - 1 - 1 - 1 - 0 0 1 0 0	CITY-ST-ZIP			6.4 CITY-S			2120		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-99

Daytime Phone #

R2E037 (11/98)