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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State
04-22-1999 90034 033 ****61.25

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DOCUMENT # 749770

1. Corporation Name
VOLUSIA COMMUNITY CARE, INC.

Principal Place of Business	Mailing Address
1220 WILLIS AVENUE DAYTONA BEACH FL 32114-2810 .	1220 WILLIS AVENUE DAYTONA BEACH FL 32114-2810

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 11/13/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2187337 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WOODS, JUDSON I JR
1020 INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE JUDSON WOODS, JR. DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ZIMNY, ANNA		1.2 NAME		
STREET ADDRESS	892 DELTONA BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	PD	XX☒ Change ☐ Addition
NAME	LAROSA, PETE		2.2 NAME		
STREET ADDRESS	1825 WHIPPOORWILL LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL 32720		2. 4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE	D	XX☒ Change ☐ Addition
NAME	DUNN, LUCKEY M.D.		3.2 NAME		
STREET ADDRESS	155 S HALIFAX AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		3.4. CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHAEFFER, DEANNA		4. 2 NAME		
STREET ADDRESS	111 N FREDERICK AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32114		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	VD	☐ Change ☒ Addition
NAME			5.2 NAME	CHAPPELL, LOIS	
STREET ADDRESS			5.3 STREET ADDRESS	65 CROOKED PINE ROAD	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	PORT ORANGE, FL 32124	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change XX☒ Addition
NAME			6.2 NAME	BENEDICT, JOSEPH	
STREET ADDRESS			6.3 STREET ADDRESS	P.O. BOX 10809	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Daytona Beach, Fl 32120	

CR2E037 (11/98)

14. 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 REQUIRED 3-2-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #