2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749770

FILED Mar 29, 2006 Secretary of State

Entity Name: VOLUSIA COMMUNITY CARE, INC.

Current Principal Place of Business: New Principal Place of Business:

1220 WILLIS AVENUE

DAYTONA BEACH, FL 321142810

Current Mailing Address: New Mailing Address:

1220 WILLIS AVENUE

DAYTONA BEACH, FL 321142810

FEI Number: 59-2187337 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCOTT, SIMPSON 595 W. GRANADA BOULEVARD, SUITE A ORMOND BEACH, FL 32174 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:

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Electronic Signature of Registered Agent

Date

(X) Change () Addition

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete
 Title:
 MS
 (X) C

 Name:
 CRANE, CHERYL
 Name:
 CRANE, CHERYL

 Address:
 P O BOX 5176
 Address:
 P O BOX 5176

 Address:
 P O BOX 5176
 Address:
 P O BOX 5176

 City-St-Zip:
 ORMOND BEACH, FL 32175 US
 City-St-Zip:
 ORMOND BEACH, FL 32175 US

Title: OAL () Delete Title: MR (X) Change () Addition

Name: FOXMAN, JAMES JUDGE Name: FOXMAN, JAMES JUDGE
Address: 101 N. ALABAMA AVE, SUITE C348 Address: 124 RIVERSIDE

City-St-Zip: DELAND, FL 32724 City-St-Zip: NEW SMYRNA BEACH, FL 32168

 Title:
 PRES () Delete
 Title:
 MR (X) Change () Addition

 Name:
 ELDER, LESLIE
 Name:
 ELDER, LESLIE

 Address:
 P.O. BOX 353527
 Address:
 P.O. BOX 353527

Address: P.O. BOX 353527 Address: P.O. BOX 353527

City-St-Zip: PALM COAST, FL 32135 City-St-Zip: PALM COAST, FL 32135

Title: D () Delete Title: MS (X) Change () Addition Name: ZEIDWIG, DIANE Name: ZEIDWIG, DIANE

Address: 324 E. CHURCH STREET Address: 324 E. CHURCH STREET
City-St-Zip: DELAND, FL 32720 US City-St-Zip: DELAND, FL 32720 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE ELDER MR 03/29/2006