2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007
Secretary of State

DOCUMENT# 769423

Entity Name: COUNTRYSIDE MEDICAL CENTER ASSOCIATION, INC.

Current Principal Place of Business:

944 BRIDGEWATER DRIVE
PORT ORANGE, FL 32127 US

New Principal Place of Business:

Current Mailing Address:

303 N CLYDE MORRIS BLVD
ATTN: LEGAL DEPARTMENT
DAYTONA BEACH, FL 32114 US

New Mailing Address:

FEI Number: 59-2557924 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIDSON, DAVID J
303 N. CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	GRIFFIN, WILLIAM	
Address:	303 N. CLYDE MORRIS BLVD.	
City-St-Zip:	DAYTONA BEACH, FL 32114	
Title:	VPD	( ) Delete
Name:	PANCZYSZYN, MICHAEL	
Address:	938 BRIDGEWATER DRIVE	
City-St-Zip:	PORT ORANGE, FL 32127	
Title:	D	( ) Delete
Name:	STAUDT, EDWARD D	
Address:	944 BRIDGEWATER DR	
City-St-Zip:	PORT ORANGE, FL 32127	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: WILLIAM GRIFFIN PD 04/03/2007

Electronic Signature of Signing Officer or Director — Date