SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/2/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 29 AM 8:16

DOCUMENT # N94000005152 (3)

1. Corporation Name

SOUTHEAST VOLUSIA PHYSICIANS MEDICAL GROUP, INC.

Principal Place of Business	Mailing Address
401 PALMETTO ST NEW SMYRNA BEACH FL 32168	401 PALMETTO ST NEW SMYRNA BEACH FL 32168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1994
3a. Date of Last Report:
4. FEI Number: 59-3287185 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HEEKIN, JAMES F JR
215 N EOLA DR
ORLANDO FL 32801

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when name changing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	JAMES R. FOSTER	12 NAME	
STREET ADDRESS	401 Palmetto Street	13 STREET ADDRESS	
CITY-ST-ZIP	New Smyrna Beach, FL 32168	14 CITY-ST-ZIP	
TITLE	VP/T	21 TITLE	☐ Change ☐ Addition
NAME	ELIZABETH R. DOUGLASS	22 NAME	
STREET ADDRESS	401 Palmetto Street	23 STREET ADDRESS	
CITY-ST-ZIP	New Smyrna Beach, FL 32168	24 CITY-ST-ZIP	
TITLE	VP/D	31 TITLE	☐ Change ☐ Addition
NAME	JOHN C. YANES	32 NAME	
STREET ADDRESS	401 Palmetto Street	33 STREET ADDRESS	
CITY-ST-ZIP	New Smyrna Beach, FL 32168	34 CITY-ST-ZIP	
TITLE	VP/D	41 TITLE	☐ Change ☐ Addition
NAME	MARY KATHERINE LEONARD	42 NAME	
STREET ADDRESS	401 Palmetto Street	43 STREET ADDRESS	
CITY-ST-ZIP	New Smyrna Beach, FL 32168	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	EUDA M. ALDERMAN	52 NAME	
STREET ADDRESS	401 Palmetto Street	53 STREET ADDRESS	
CITY-ST-ZIP	New Smyrna Beach, FL 32168	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: John R. Foster 6-22-95 (904) 424-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JAMES R. FOSTER

0001600