FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified	3a. Date of Last Report
10/18/1994	06/29/1995

2. Principal Place of Business	2a. Mailing Address
21 255 N Causeway	26 255 N Causeway
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 New Smyrna Beach, FL	City & State 28 New Smyrna Beach, FL
Zip 24 32168	Country 25 Volusia
Zip 29 32168	Country 30 Volusia

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FOSTER, JAMES R 401 PALMETTO ST NEW SMYRNA BEACH FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD Welsh, Russell L. 255 N Causeway ~~New Smyrna Beach, FL 32168~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT DOUGLASS, ELIZABETH 401 PALMETTO ST NEW SMYRNA BEACH FL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VPD Lewis, Arvin 401 Palmetto St New Smyrna Beach, FL 32168	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD YANES, JOHN C 401 PALMETTO ST NEW SMYRNA BEAHC FL	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	SD Schildecker, Charles 401 Palmetto St New Smyrna Beach, FL 32168	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LEONARD, KATHERINE MAR 401 PALMETTO ST NEW SMYRNA BEACH FL	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D Massey, John 401 Palmetto St New Smyrna Beach, FL 32168	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ALDERMAN, EUDA M 401 PALMETTO ST NEW SMYRNA BEACH FL	☒ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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: Arvin H Lewis 1/24/96 904 424-5142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #