

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90197 040 ****61.25

0003216

DOCUMENT # N94000005152

1. Corporation Name

SOUTHEAST VOLUSIA PHYSICIANS MEDICAL GROUP, INC.

Principal Place of Business

255 N CAUSEWAY
NEW SMYRNA BEACH FL 32168
US

Mailing Address

255 N CAUSEWAY
NEW SMYRNA BEACH FL 32168
US



2. Principal Place of Business

21 **265 N Causeway**

Suite, Apt. #, etc.

22 City & State

23 **New Smyrna Bch FL**

Zip

24 **32169**

Country

25 **US**

2a. Mailing Address

26 **265 N Causeway**

Suite, Apt. #, etc.

27 City & State

28 **New Smyrna Bch FL**

Zip

29 **32169**

Country

30 **US**

3. Date Incorporated or Qualified

10/18/1994

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **WELSH, RUSSELL L**
STREET ADDRESS **255 N CAUSEWAY**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE **VPD** ☐ DELETE
NAME **LEWIS, ARVIN**
STREET ADDRESS **401 PALMETTO ST**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE **SD** ☐ DELETE
NAME **SHILDECKER, WILLIAM C.**
STREET ADDRESS **401 PALMETTO ST.**
CITY-ST-ZIP **NEW SMYRNA Bch FL**

TITLE **D** ☐ DELETE
NAME **MASSEY, JOHN**
STREET ADDRESS **401 PALMETTO ST**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE **D** ☐ DELETE
NAME **CREWE, BRUCE**
STREET ADDRESS **401 PALMETTO ST**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/14/99 904 424 5142

CR2E037 (1/98)