2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# N94000005152

Entity Name: SOUTHEAST VOLUSIA MEDICAL SERVICES, INC.

Current Principal Place of Business:

401 PALMETTO ST.
NEW SMYRNA BEACH, FL 32168 US

New Principal Place of Business:

Current Mailing Address:

215 N EOLA DR
ORLANDO, FL 32801 US

New Mailing Address:

ADMINISTRATION
401 PALMETTO ST
NEW SMYRNA BEACH, FL 32168 US

FEI Number: 59-3287185 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEEKIN, JAMES F JR
215 N EOLA DR
ORLANDO, FL 32801 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: WILLIAMS, ROBERT B
Address: 401 PALMETTO STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VPD ( ) Delete
Name: HARRELL, STEVE
Address: 401 PALMETTO STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: S ( ) Delete
Name: ILARDI, DOREEN
Address: 401 PALMETTO STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VPD ( ) Delete
Name: ALLRED, AL
Address: 401 PALMETTO STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: DOREEN ILARDI S 01/15/2009

Electronic Signature of Signing Officer or Director Date