

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004301

**FILED**  
**Mar 16, 2012**  
**Secretary of State**

**Entity Name:** HALIFAX MEDICAL CENTER EMPLOYEE COMMUNITY SERVICE FUND, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

303 N. CLYDE MORRIS BLVD.  
ATTN: GENERAL COUNSEL  
DAYTONA BEACH, FL 321142709 US

**New Mailing Address:**

**FEI Number:** 23-7337259

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVIDSON, DAVID J  
303 NO 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: D  
Name: MARTIN, TERRY  
Address: 303 NORTH CLYDE MORRIS BLVD.  
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: D  
Name: JILOTY, JAMES  
Address: 303 NORTH CLYDE MORRIS BLVD.  
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: PD  
Name: BEAUCHAMP, MIKE  
Address: 303 NORTH CLYDE MORRIS BLVD.  
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: TD  
Name: GONZALEZ, LUZ  
Address: 303 NORTH CLYDE MORRIS BLVD.  
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: D  
Name: SMITH, JIM  
Address: 303 NORTH CLYDE MORRIS BLVD.  
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: SD  
Name: LIBRIZZI, PAT  
Address: 303 NORTH CLYDE MORRIS BLVD.  
City-St-Zip: DAYTONA BEACH, FL 32114 US

I hereby 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 all other like empowered.

SIGNATURE: MIKE BEAUCHAMP

PD

03/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date