

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700803

Entity Name: VOLUSIA COUNTY MEDICAL SOCIETY INC**Current Principal Place of Business:**303 N. CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32114**Current Mailing Address:**P. O. BOX 9595
DAYTONA BEACH, FL 32120 US**FEI Number:** 23-7027951**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAY, SAMARA
303 N. CLYDE MORRIS BLVD
VOLUSIA COUNTY MEDICAL SOCIETY
DAYTONA BEACH, FL 32114 US*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

Officer/Director Detail :

Title EXECUTIVE DIRECTOR
Name BAY, SAMARA
Address PO BOX 9595
City-State-Zip: DAYTONA BEACH FL 32120

Title BOARD OF GOVERNORS
Name KLIOZE, SCOTT DR.
Address 1673 MASON AVENUE
SUITE 305
City-State-Zip: DAYTONA BEACH FL 32117

Title PRESIDENT ELECT
Name TSO, TINA DR.
Address 320 N. CLYDE MORRIS BLVD
SUITE C
City-State-Zip: DAYTONA BEACH FL 32114

Title TREASURER
Name GROVE, CHRISTOPHER DR.
Address 305 MEMORIAL MEDICAL PARKWAY
#201
City-State-Zip: DAYTONA BEACH FL 32117

Title IMMEDIATE PAST PRESIDENT
Name GAMENTHALER, ANDREW DR.
Address 1890 LPGA BLVD
SUITE 250
City-State-Zip: DAYTONA BEACH FL 32117

Title PRESIDENT
Name KLIOZE, ANDRIA DR.
Address 551 NATIONAL HEALTH CARE DRIVE
City-State-Zip: DAYTONA BEACH FL 32114

Title BOARD OF GOVERNORS
Name CLANCY, TAMARA DR.
Address 3635 SOUTH CLYDE MORRIS BLVD
#900
City-State-Zip: PORT ORANGE FL 32129

Title SECRETARY
Name ROBINSON, NICHOLE DR.
Address 551 NATIONAL HEALTH CARE DRIVE
City-State-Zip: DAYTONA BEACH FL 32114

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: SAMARA BAY

EXECUTIVE DIRECTOR

01/11/2021

Electronic Signature of Signing Officer/Director Detail

Date