

**2019 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 IMMEDIATE PAST PRESIDENT  
Name SEVIGNY, STEPHEN MD  
Address 1673 MASON AVENUE  
SUITE 305  
City-State-Zip: DAYTONA BEACH FL 32117

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

Title BOARD OF GOVERNORS  
Name EADS, ELIZABETH DR.  
Address 5 CARRINGTON LANE  
City-State-Zip: ORMOND BEACH FL 32174

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

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

Title BOARD OF GOVERNORS  
Name KUSHNER, FLOYD DR.  
Address 303 N. CLYDE MORRIS BLVD.  
City-State-Zip: DAYTONA BEACH FL 32114

Title TREASURER  
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

03/05/2019

Electronic Signature of Signing Officer/Director Detail

Date