

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708109

Entity Name: VOLUSIA ACADEMY OF MEDICINE, 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 32120-9595 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAY, SAMARA
C/O HALIFAX MEDICAL CENTER
303 N CLYDE MORRIS BLVD
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	P
Name	CARRATT, JAMES MD
Address	1243 S RIDGEWOOD
City-State-Zip:	DAYTONA BEACH FL

Title	S
Name	BOHANNON, J. STEVEN MD
Address	PO BOX 11107
City-State-Zip:	DAYTONA BEACH FL 32120

Title	V
Name	MILES, STEVEN G MD
Address	1673 MASON AVE., STE 305
City-State-Zip:	DAYTONA BEACH FL 32114

Title	T
Name	WILLIAMS, KATHLEEN MD
Address	550 MEMORIAL CIRCLE, STE. H
City-State-Zip:	ORMOND BEACH FL 32174

Title	D
Name	JENNINGS, LANE MD
Address	3911 S. NOVA ROAD
City-State-Zip:	PORT ORANGE FL 32127

Title	D
Name	CLANCY, TAMARA R MD
Address	3635 S CLYDE MORRIS BLVD, #900
City-State-Zip:	PORT ORANGE FL 32129

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: STEVEN G. MILES, MD**VICE PRESIDENT****02/24/2014**

Electronic Signature of Signing Officer/Director Detail

Date