

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005152

Entity Name: SOUTHEAST VOLUSIA MEDICAL SERVICES, INC.**Current Principal Place of Business:**909 CAREY DRIVE
SOUTH DAYTONA, FL 32119**Current Mailing Address:**PO BOX 909
NEW SMYRNA BEACH, FL 32170 US**FEI Number:** 59-3287185**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAVIDSON, JEFF
909 CAREY DRIVE
SOUTH DAYTONA, FL 32119 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:** JEFF DAVIDSON

01/30/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CHAIRMAN
Name	PRESTON, WILLIAM
Address	605 S. ORANGE STREET
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	SECRETARY
Name	CARD, HAROLD P
Address	3019 WILLOW OAK DR.
City-State-Zip:	EDGEWATER FL 32141

Title	CFO
Name	DAVIDSON, JEFF
Address	909 CAREY DRIVE
City-State-Zip:	SOUTH DAYTONA FL 32119

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: JEFF DAVIDSON

CFO

01/30/2023

Electronic Signature of Signing Officer/Director Detail

Date