
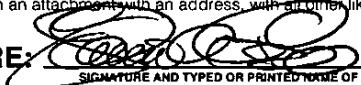


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90053 045 ****61.25

| | | | | | |
|---|--------------------------------------|--|---|---|--|
| DOCUMENT # 700803 | | | |  | |
| 1. Entity Name VOLUSIA COUNTY MEDICAL SOCIETY INC | | | | | |
| Principal Place of Business 303 N. CLYDE MORRIS BLVD. P. O. BOX 9595 DAYTONA BEACH, FL 32120 | | | Mailing Address 303 N. CLYDE MORRIS BLVD. P. O. BOX 9595 DAYTONA BEACH, FL 32120 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 23-7027951 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| LOUCKS, WILLIAM E 444 SEABREEZE BLVD SUITE 900 DAYTONA BEACH, FL 32118 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DIAMOND, MICHAEL | | NAME | Tamara R. Clancy, MD | |
| STREET ADDRESS | 709 N CLYDE MORRIS BLVD | | STREET ADDRESS | 201 N. Clyde Morris Blvd., Ste. 205 | |
| CITY-ST-ZIP | DAYTONA BEACH, FL 32114 | | CITY-ST-ZIP | Daytona Beach, FL 32114 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EADS, ELIZABETH | | NAME | | |
| STREET ADDRESS | 800 STERTHAUS AVE., SUITE A | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORMOND BEACH, FL 32174 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARBIENER, PAMELA P | | NAME | | |
| STREET ADDRESS | 311 N. CLYDE MORRIS BLVD., SUITE 180 | | STREET ADDRESS | | |
| CITY-ST-ZIP | DAYTONA BEACH, FL 32114 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEAVER, JAMES W | | NAME | | |
| STREET ADDRESS | 500 MEMORIAL CIRCLE, SUITE E2 | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORMOND BEACH, FL 32174 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered. | | | | | |
| SIGNATURE:  | | Elizabeth A. Eads, DO | | 2/01/05 386.255-3321 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |

50013155



01202005 Chg-NP CR2E037 (10/03)