


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90137 009 ****61.25

DOCUMENT # 700803 1. Entity Name VOLUSIA COUNTY MEDICAL SOCIETY INC					
Principal Place of Business 303 N. CLYDE MORRIS BLVD. DAYTONA BEACH, FL 32120			Mailing Address 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 <input type="checkbox"/> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		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 checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIAMOND, MICHAEL		NAME	Dinkla, Hendrick	
STREET ADDRESS	709 N CLYDE MORRIS BLVD		STREET ADDRESS	742 W Plymouth Ave	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114		CITY-ST-ZIP	DeLand FL 32720	
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 type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLANCY, TAMARA R MD		NAME		
STREET ADDRESS	201 N. CLYDE MORRIS BLVD STE 205		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 exemptions contained in Chapter 119, 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 all other like empowered.					
SIGNATURE: <u>James W. Weaver</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7/11/06 <small>Date</small>		386-255-3321 <small>Daytime Phone #</small>

James W. Weaver, M.D.