



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90033 034 ****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 - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 23-7027951 | |
| Zip | | Country | | 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 | | |
| LOUGKS, WILLIAM E 444 SEADREEZE BLVD SUITE 900 DAYTONA BEACH, FL 32118 | | | Name Gloria S. Barkin | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) Volusia County Medical Society | | |
| | | | 20 Halifax Health 303 N Clyde Morris Blvd. | | |
| | | | City Daytona Beach | | FL Zip Code 32114 |
| 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | DINKLA, HENDRICK | NAME | | | |
| STREET ADDRESS | 742 W PLYMOUTH AVE | STREET ADDRESS | | | |
| CITY-ST-ZIP | DELAND, FL 32720 | CITY-ST-ZIP | | | |
| 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 | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | CLANCY, TAMARA R MD | NAME | Corbyons, Thomas M. MD | | |
| STREET ADDRESS | 201 N. CLYDE MORRIS BLVD STE 205 | STREET ADDRESS | 685 Peachwood Drive | | |
| 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 | COHEN, HEZI | NAME | | | |
| STREET ADDRESS | 55 N. OLD KINGS RD. STE. C | 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:  | | Elizabeth Eads, DO | | 3/05/08 386-255-3321 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |

40040491



01072008 Chg-NP CR2E037 (12/06)