

2008 Annual Report

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB -2 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700803

1. Corporation Name

VOLUSIA COUNTY MEDICAL SOCIETY

2. Principal Office Address - No P.O. Box #

303 N. Clyde Morris Blvd.

3. Mailing Office Address

P.O. Box 9595

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Daytona Beach

City & State

Daytona Beach, FL

Zip

32114

Country

USA

Zip

32120-9595

Country

32118

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

04/14/1960

5. FEI Number
23-7027951

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Barkin, Gloria S.

Street Address (P.O. Box Number is Not Acceptable)

303 N. Clyde Morris Blvd.

Suite, Apt. #, Etc.

Volusia County Medical Society

City

Daytona Beach

State

FL

Zip Code

32114

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Gloria S. Barkin
REGISTERED AGENT MUST SIGN

Date

1/27/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|-------------------------|
| P/D | Dinkla, Hendrik | 742 W. Plymouth Ave. | DeLand, FL 32720 |
| V/D | Cohen, Hezi | 55 N. Old Kings Road, Suite A | Ormond Beach, FL 32174 |
| S/D | Corbyons, Thomas M. | 685 Peachwood Drive | DeLand, FL 32720 |
| T/D | Fabian, Michael | 1890 LPGA Blvd., Suite 250 | Daytona Beach, FL 32117 |
| D | Eads, Elizabeth | 800 Sterthaus Ave., Suite A | Ormond Beach, FL 32174 |

REINSTATEMENT RH

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02/02/09--01015--003 ***61.25

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

M. J. Schi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/09

Daytime Phone #

386-255-3321