

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700803

FILED
Jul 08, 2010
Secretary of State

Entity Name: VOLUSIA COUNTY MEDICAL SOCIETY INC

Current Principal Place of Business:

303 N. CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32120

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 9595
DAYTONA BEACH, FL 32120 US

New Mailing Address:

FEI Number: 23-7027951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKIN, GLORIA S
303 N. CLYDE MORRIS BLVD
VOLUSIA COUNTY MEDICAL SOCIETY
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD
Name: BOHANNON, J. STEVEN
Address: PO BOX 11107
City-St-Zip: DAYTONA BEACH, FL 32120 US

Title: ED
Name: BARKIN, GLORIA
Address: PO BOX 9595
City-St-Zip: DAYTONA BEACH, FL 32120 US

Title: PD
Name: CORBYONS, THOMAS M MD
Address: 685 PEACHWOOD DRIVE
City-St-Zip: DELAND, FL 32720

Title: VD
Name: COHEN, HEZI
Address: 55 N. OLD KINGS RD. STE. C
City-St-Zip: ORMOND BEACH, FL 32174

Title: SD
Name: FABIAN, MICHAEL
Address: 1890 LPGA BLVD, STE 250
City-St-Zip: DAYTONA BEACH, FL 32117

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: GLORIA S. BARKIN

ED

07/08/2010

Electronic Signature of Signing Officer or Director

Date