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Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708109 (4)

1. Corporation Name

VOLUSIA ACADEMY OF MEDICINE, INC.

Principal Place of Business

Mailing Address

303 N. CLYDE MORRIS
P. O. BOX 9595
DAYTONA BEACH FL 32114-2709303 N. CLYDE MORRIS
P. O. BOX 9595
DAYTONA BEACH FL 32114-27093. Date Incorporated or Qualified
11/13/19643a. Date of Last Report
02/05/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

32120-9595

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCOTT, THOMAS E
320 N CLYDE MORRIS BLVD
DAYTONA BEACH FL 3201481 Name
GLORIA S. BARKIN/Volusia Cty. Medical Society82 Street Address (P.O. Box Number is Not Acceptable)
c/o Halifax Medical Center83
303 N. Clyde Morris Blvd.84 City
Daytona Beach FL 85 Zip Code
32114

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

Gloria S. Barkin

(NOTE: Registered Agent signature required when resigning)

February 10, 1997

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SCOTT, THOMAS E JR.
STREET ADDRESS 320 N. CLYDE MORRIS BLVD.
CITY - ST - ZIP DAYTONA BEACH FL
☒ DELETE1.1 TITLE PD
1.2 NAME CARRATT, JAMES
1.3 STREET ADDRESS 1243 S. RIDGEWOOD
1.4 CITY - ST - ZIP DAYTONA BEACH, FL 32114
☐ Change ☐ AdditionTITLE VD
NAME SIMPSON, FORBES
STREET ADDRESS 100 BROWNING AVE.
CITY - ST - ZIP DAYTONA BEACH FL
☐ DELETE2.1 TITLE STD
2.2 NAME SMITH, ALVIN E.
2.3 STREET ADDRESS 1688 W. Granada Blvd.
2.4 CITY - ST - ZIP Ormond Beach, FL 32174-6710
☐ Change ☒ AdditionTITLE STD
NAME CARRATT, JAMES
STREET ADDRESS 1243 S. RIDGEWOOD AVE.
CITY - ST - ZIP DAYTONA BEACH FL
☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 10, 1997

(904) 255-3321

CR2E037 (9/96)