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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA 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 303 N. CLYDE MORRIS
P. O. BOX 9595 P. O. BOX 9595
DAYTONA BEACH FL 32114-2709 DAYTONA BEACH FL 32114-2709

3. Date Incorporated or Qualified 11/13/1964 3a. Date of Last Report 02/05/1996
4. FEI Number 59-6166938 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30 32120-9595

9. Name and Address of Current Registered Agent
SCOTT, THOMAS E
320 N CLYDE MORRIS BLVD
DAYTONA BEACH FL 32014

10. Name and Address of New Registered Agent
81 Name GLORIA S. BARKIN/Volusia Cty. Medical Society
82 Street Address (P.O. Box Number is Not Acceptable) c/o Halifax Medical Center
83 303 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 *Gloria S. Barkin* Gloria S. Barkin February 10, 1997
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD DELETE
NAME SCOTT, THOMAS E JR.,
STREET ADDRESS 320 N. CLYDE MORRIS BLVD.
CITY - ST - ZIP DAYTONA BEACH FL
TITLE VD DELETE
NAME SIMPSON, FORBES
STREET ADDRESS 100 BROWNING AVE.
CITY - ST - ZIP DAYTONA BEACH FL
TITLE STD DELETE
NAME CARRATT, JAMES
STREET ADDRESS 1243 S. RIDGEWOOD AVE.
CITY - ST - ZIP DAYTONA BEACH FL
TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME PD
1.3 STREET ADDRESS CARRATT, JAMES
1.4 CITY - ST - ZIP 1243 S. RIDGEWOOD
DAYTONA BEACH, FL 32114
2.1 TITLE Change Addition
2.2 NAME STD
2.3 STREET ADDRESS SMITH, ALVIN E.
2.4 CITY - ST - ZIP 1688 W. Granada Blvd.
Ormond Beach, FL 32174-6710
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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: *James Carratt* February 10, 1997 (904) 255-3321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)