

FILE NOW: FILING FEE IS \$61.25

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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90080 003 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 708109
 1. Corporation Name
VOLUSIA ACADEMY OF MEDICINE, INC.

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| Principal Place of Business 303 N. CLYDE MORRIS P. O. BOX 9595 DAYTONA BEACH FL 32114-2709 | Mailing Address 303 N. CLYDE MORRIS P. O. BOX 9595 DAYTONA BEACH FL 32114-2709 |
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|---|--|---|--|--|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | 2a. Mailing Address 26 P.O. BOX 9595 27 Suite, Apt. #, etc. 28 Daytona Beach FL 29 32120-9595 30 USA | 3. Date Incorporated or Qualified 11/13/1964 | 4. FEI Number 59-6166938 Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 9. Name and Address of Current Registered Agent BARKIN, GLORIA S. C/O HALIFAX MEDICAL CENTER 303 N CLYDE MORRIS BLVD DAYTONA BEACH FL 32114 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | VD <input type="checkbox"/> DELETE | 1.1 TITLE | T/D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SIMPSON, FORBES | 1.2 NAME | KERMAN, HERBERT D. |
| STREET ADDRESS | 100 BROWNING AVE. | 1.3 STREET ADDRESS | (ROC) 303 N. Clyde Morris Blvd. |
| CITY-ST-ZIP | DAYTONA BEACH FL | 1.4 CITY-ST-ZIP | Daytona Beach, FL 32114 |
| TITLE | PD <input type="checkbox"/> DELETE | 2.1 TITLE | D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARRATT, JAMES | 2.2 NAME | MILES, STEVEN G. |
| STREET ADDRESS | 1243 S RIDGEWOOD | 2.3 STREET ADDRESS | 303 N. CLYDE MORRIS BLVD. (Radiology Dept) |
| CITY-ST-ZIP | DAYTONA BEACH FL | 2.4 CITY-ST-ZIP | Daytona Beach, FL 32114 |
| TITLE | STD <input type="checkbox"/> DELETE | 3.1 TITLE | |
| NAME | SMITH, ALVIN E | 3.2 NAME | |
| STREET ADDRESS | 1688 W GRANADA BLVD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORMOND BEACH FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE FORBES 1-14-99 (904) 255-3321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)