

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90039 021 ****61.25

DOCUMENT # 708109

1. Entity Name
VOLUSIA ACADEMY OF MEDICINE, INC.

Principal Place of Business Mailing Address
303 N. CLYDE MORRIS **P.O. BOX 9595**
P. O. BOX 9595 **DAYTONA BEACH FL 32120-9595**
DAYTONA BEACH FL 32114-2709 **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-6166938		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent BARKIN, GLORIA S. C/O HALIFAX MEDICAL CENTER 303 N CLYDE MORRIS BLVD DAYTONA BEACH FL 32114				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VD NAME SIMPSON, FORBES STREET ADDRESS 100 BROWNING AVE. CITY-ST-ZIP DAYTONA BEACH FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME CARRATT, JAMES STREET ADDRESS 1243 S RIDGEWOOD CITY-ST-ZIP DAYTONA BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME SMITH, ALVIN E STREET ADDRESS 1688 W GRANADA BLVD CITY-ST-ZIP ORMOND BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T/D NAME KERMAN, HERBERT D STREET ADDRESS (ROC) 303 N CLYDE MORRIS BLVD CITY-ST-ZIP DAYTONA BEACH FL 32114	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MILES, STEVEN G STREET ADDRESS 303 N CLYDE MORRIS BLVD (RADIOLOGY DEPT) CITY-ST-ZIP DAYTONA BEACH FL 32114	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE** *James A. Carratt* James A. Carratt, M.D. 1/6/2000 (904) 255-3321