

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90088 031 ****61.25

671370



DO NOT WRITE IN THIS SPACE

DOCUMENT # 708109
 1. Entity Name
VOLUSIA ACADEMY OF MEDICINE, INC.

Principal Place of Business 303 N. CLYDE MORRIS P. O. BOX 9595 DAYTONA BEACH FLA 32114-2709	Mailing Address P.O. BOX 9595 DAYTONA BEACH FL 32120-9595 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-6166938	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARRATT, JAMES 1243 S RIDGEWOOD DAYTONA BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SMITH, ALVIN E 1688 W GRANADA BLVD ORMOND BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D KERMAN, HERBERT D (ROC) 303 N CLYDE MORRIS BLVD DAYTONA BEACH FL 32114	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILES, STEVEN G 303 N CLYDE MORRIS BLVD (RADIOLOGY DEPT) DAYTONA BEACH FL 32114	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *James Carratt* **SIGNATURE REQUIRED** James Carratt, M.D. 1/5/01 (904) 255-3321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)