

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 708109**

1. Entity Name

VOLUSIA ACADEMY OF MEDICINE, INC.**FILED**
Jan 10, 2001 8:00 am
Secretary of State

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

671370

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**303 N. CLYDE MORRIS
P. O. BOX 9595
DAYTONA BEACH FLA 32114-2709****P.O. BOX 9595
DAYTONA BEACH FL 32120-9595
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6166938

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARKIN, GLORIA S.
C/O HALIFAX MEDICAL CENTER
303 N CLYDE MORRIS BLVD
DAYTONA BEACH FL 32114**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CARRATT, JAMES
1243 S RIDGEWOOD
DAYTONA BEACH FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
SMITH, ALVIN E
1688 W GRANADA BLVD
ORMOND BEACH FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T/D
KERMAN, HERBERT D
(ROC) 303 N CLYDE MORRIS BLVD
DAYTONA BEACH FL 32114** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MILES, STEVEN G
303 N CLYDE MORRIS BLVD (RADIOLOGY DEPT)
DAYTONA BEACH FL 32114** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**James Carratt, M.D. 1/5/01 (904) 255-**

Date

Daytime Phone #

3321

CR2E037 (10/00)