


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



01092004 No Chg-NP CR2E037 (10/03)

| | |
|--|-------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For 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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

000000005089
01/15/04-80039-011 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 A. Carratt James A. Carratt, M.D. 1/13/04 (386)255-3321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #