


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2005 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



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01202005 No Chg-NP CR2E037 (10/03)

4. FEI Number: NOT APPLICABLE
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$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

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

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

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

DATE: 02/05/05-80052-019 61.25

10. OFFICERS AND DIRECTORS

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

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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 2-2-05 (386) 255-3321
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #