


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

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 US**
DAYTONA BEACH FLA, 32114-2709



01042007 No Chg-NP CR2E037 (4/06)

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

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

Filing Fee is \$61.25
Due by May 1, 2007

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

000000581490
 01/10/07-80089-019 61.25

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	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, MD 1-5-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

James A. Carratt, MD