




**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 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	
			
		01042007 No Chg-NP CR2E037 (4/06)	
		4. FEI Number NOT APPLICABLE	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			
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, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE 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: 		1-5-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

James A. Carratt, MD