



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90009 009 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BARKIN, GLORIA S. Volusia County Med. Society C/O HALIFAX MEDICAL CENTER Health 303 N CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARRATT, JAMES		NAME		
STREET ADDRESS	1243 S RIDGEWOOD		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, ALVINE		NAME	STD	
STREET ADDRESS	1688 W GRANADA BLVD		STREET ADDRESS	Pamela Carbiener, MD	
CITY-ST-ZIP	ORMOND BEACH, FL		CITY-ST-ZIP	1890 LPGA Blvd, Ste 160	
TITLE	T/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KERMAN, HERBERT D		NAME		
STREET ADDRESS	(ROC) 303 N CLYDE MORRIS BLVD		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32114		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MILES, STEVEN G		NAME	D	
STREET ADDRESS	303 N CLYDE MORRIS BLVD (RADIOLOGY DEPT)		STREET ADDRESS	Elizabeth Eads, DO	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114		CITY-ST-ZIP	800 Sterthaus Ave., Ste. A	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	Ormond Beach, FL 32174	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			3/10/08 386-255-3321		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		