


# 2009 ANNUAL REPORT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
09 FEB -2 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 708109

1. Corporation Name

VOLUSIA ACADEMY OF MEDICINE, INC.

2. Principal Office Address - No P.O. Box #  
303 N. Clyde Morris Blvd.

3. Mailing Office Address  
P.O. Box 9595

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Daytona Beach, Florida

City & State  
Daytona Beach, FL

Zip  
32114

Country  
USA

Zip  
32120-9595

Country  
USA

800142591568  
02/02/09--01015--001 \*\*61.25  
CORP0901 (12/08)  
**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida 01/25/08

5. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
BARKIN, GLORIA S.

Street Address (P.O. Box Number is Not Acceptable)  
C/O HALIFAX MEDICAL CENTER

Suite, Apt. #, Etc.  
303 N. CLYDE MORRIS BLVD.

City  
Daytona Beach

State \ Zip Code  
FL 32114

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

*Gloria S. Barkin*

REGISTERED AGENT MUST SIGN

Date 1/26/09

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Carratt, James	1243 S. Ridgewood	Daytona Beach, FL 32114
D	Cohen, Hezi	55 N. Old Kings Road, Suite A	Ormond Beach, FL 32174
D	Miles, Steven G.	1673 Mason Ave., Suite 305	Daytona Beach, FL 32117
D	Kerman, Herbert D.	4 Oceans West Blvd., 302C	Daytona Beach Shores, FL 32118
D	Jennings, Lane	3911 S. Nova Road	Port Orange, FL 32127
D	Clancy, Tamara R.	201 N. Clyde Morris Blvd., #205	Daytona Beach, FL 32114

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Gloria S. Barkin*

Date

Daytime Phone #

1/26/2009 (386)255-3321