2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708109

FILED Jan 05, 2011 Secretary of State

Entity Name: VOLUSIA ACADEMY OF MEDICINE, INC.

Current Principal Place of Business: New Principal Place of Business:

303 N. CLYDE MORRIS BLVD DAYTONA BEACH, FL 321142709

Current Mailing Address: New Mailing Address:

P.O. BOX 9595

DAYTONA BEACH, FL 321209595 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BARKIN, GLORIA S. C/O HALIFAX MEDICAL CENTER 303 N CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D

Name: CARRATT, JAMES
Address: 1243 S RIDGEWOOD
City-St-Zip: DAYTONA BEACH, FL

Title:

Name: BOHANNON, J. STEVEN Address: PO BOX 11107

City-St-Zip: DAYTONA BEACH, FL 32120

Title:

Name: MILES, STEVEN G

Address: 1673 MASON AVE., STE 305 City-St-Zip: DAYTONA BEACH, FL 32114

Title:

Name: WILLIAMS, KATHLEEN

Address: 550 MEMORIAL CIRCLE, STE. H
City-St-Zip: ORMOND BEACH, FL 32174

Title:

 Name:
 JENNINGS, LANE

 Address:
 3911 S. NOVA ROAD

 City-St-Zip:
 PORT ORANGE, FL 32127

Title: [

Name: CLANCY, TAMARA R

Address: 3635 S CLYDE MORRIS BLVD, #900

City-St-Zip: PORT ORANGE, FL 32129

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TAMARA R CLANCY D 01/05/2011