

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708109

FILED  
Feb 02, 2012  
Secretary of State

**Entity Name:** VOLUSIA ACADEMY OF MEDICINE, INC.

**Current Principal Place of Business:**

303 N. CLYDE MORRIS BLVD  
DAYTONA BEACH, FL 321142709

**New Principal Place of Business:**

303 N. CLYDE MORRIS BLVD  
DAYTONA BEACH, FL 32114

**Current Mailing Address:**

P.O. BOX 9595  
DAYTONA BEACH, FL 321209595 US

**New Mailing Address:**

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

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

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

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

BAY, SAMARA  
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: SAMARA BAY

02/02/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: S  
Name: BOHANNON, J. STEVEN MD  
Address: PO BOX 11107  
City-St-Zip: DAYTONA BEACH, FL 32120

Title: V  
Name: MILES, STEVEN G MD  
Address: 1673 MASON AVE., STE 305  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T  
Name: WILLIAMS, KATHLEEN MD  
Address: 550 MEMORIAL CIRCLE, STE. H  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D  
Name: JENNINGS, LANE MD  
Address: 3911 S. NOVA ROAD  
City-St-Zip: PORT ORANGE, FL 32127

Title: D  
Name: CLANCY, TAMARA R MD  
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: STEVEN G. MILES, MD

V

02/02/2012

Electronic Signature of Signing Officer or Director

Date