

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