

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90059 022 ****61.25

DOCUMENT # 731442

1. Corporation Name

VOLUSIA COUNTY MEDICAL SOCIETY ALLIANCE FOUNDATI
ON, INC.

Principal Place of Business

162 LAURELWOOD LANE
ORMOND BEACH FL 32174
US

Mailing Address

162 LAURELWOOD LANE
ORMOND BEACH FL 32174
US



597311 - 90059 - 42

2. Principal Place of Business

21 108 S. St Andrews Drive
Suite, Apt. #, etc.

2a. Mailing Address

26 108 S. St Andrews Drive
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

12/23/1974

4. FEI Number

23-7420808

Applied For

Not Applicable

23 City & State

Ormond Beach, FL

27 City & State

Ormond Beach, FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip

32174

25 Country

US

29 Zip

32174

30 Country

US

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

YUSCHOK, CONSTANCE
162 LAURELWOOD LANE
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name Doliner, Barbara

82 Street Address (P.O. Box Number is Not Acceptable)

108 S. St. Andrews Drive

83

84 City Ormond Beach, FL

FL

85 Zip Code
32174

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

4/16/99

Signature typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE
NAME VELEZ, TERESA
STREET ADDRESS 17 COQUINA RIDGE WAY
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE PD ☐ DELETE
NAME YUSCHOK, CONSTANCE
STREET ADDRESS 162 LAURELWOOD LANE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ST ☐ DELETE
NAME DEPEYSTER, DONNA
STREET ADDRESS 1014 N. CLARA AVE.
CITY-ST-ZIP DE LAND FL 32720

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME S Black, Susan
1.3 STREET ADDRESS 11 Noble Woods Way
1.4 CITY-ST-ZIP Ormond Beach, FL 32174

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME P Doliner, Barbara
2.3 STREET ADDRESS 108 S. St. Andrews Drive
2.4 CITY-ST-ZIP Ormond Beach 32174

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME D; Nicolo, Lisa
3.3 STREET ADDRESS 86 Hollow Branch Crossing
3.4 CITY-ST-ZIP Ormond Beach, FL 32174

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99

Date

Daytime Phone #

CR2E037 (1/98)