

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90028 046 \*\*\*\*61.25

**DOCUMENT # 731442**

1. Entity Name

**VOLUSIA COUNTY MEDICAL SOCIETY ALLIANCE FOUNDATI  
ON, INC.**

Principal Place of Business

Mailing Address

**RAYMOND PHELAN CPA  
623 N. GRANDVIEW AVE  
DAYTONA BEACH FL 32118  
US**

**RAYMOND PHELAN CPA  
623 N. GRANDVIEW AVE  
DAYTONA BEACH FL 32118  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**23-7420808**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PHELAN, RAYMOND CPA  
623 N. GRANDVIEW AVE.  
DAYTONA BEACH FL 32118**

Name

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

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
NAME **BLACK, SUSAN**  
STREET ADDRESS **27 BROOK CREST WAY**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **PD** ☒ Change ☐ Addition  
NAME **VELEZ, TERESA**  
STREET ADDRESS **17 COQUINA RIDGE WAY**  
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

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

TITLE **SD** ☒ Change ☐ Addition  
NAME **KELLEY, TERRY**  
STREET ADDRESS **6 EAGLE ROCK TRAIL**  
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **TD** ☒ Delete  
NAME **CORTEZ, NANCY**  
STREET ADDRESS **25 RIO PINES TRAIL**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **TD** ☒ Change ☐ Addition  
NAME **REAGAN, JESSICA**  
STREET ADDRESS **2 SUGAR MILL LANE**  
CITY-ST-ZIP **FLAGLER BEACH, FL 32136**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #

CR2E037 (9/01)