2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 10, 2005
Secretary of State

DOCUMENT# 731442

Entity Name: VOLUSIA COUNTY MEDICAL SOCIETY ALLIANCE FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 23-7420808 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: SUSAN B. BLACK

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: VELEZ, TERESA
Address: 17 COQUINA RIDGE WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: SD ( ) Delete
Name: KELLEY, TERRY
Address: 6 EAGLE ROCK TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD ( ) Delete
Name: BLACK, SUSAN B
Address: 27 BROOK CREST WAY
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SUSAN B. BLACK TREA 10/10/2005

Electronic Signature of Signing Officer or Director — Date