2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731442

Principal Place of Business

DAYTONA BEACH FL 32118

2. Principal Place of Business

RAYMOND PHELAN CPA

623 N. GRANDVIEW AVE

VOLUSIA COUNTY MEDICAL SOCIETY ALLIANCE FOUNDATI ON, INC.



Mailing Address RAYMOND PHELAN CPA 623 N. GRANDVIEW AVE DAYTONA BEACH FL 32118 3. Mailing Address

FILED Jan 27, 2003 8:00 am **Secretary of State**

01-27-2003 90530 017 ****61.25

TAATTAAR



			uite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES						
City & State C			ity & State			4. FEI Number 23-7420808					oplied For	
Country Zi			p Country			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						
	سياري يها محاصي	• ^-		Name							-	
PHELAN, RAYMOND CPA 623 N. GRANDVIEW AVE.					Street Address (P.O. Box Number is Not Acceptable)							
					City FL Zip Code							
		r the purp	ose of changing its r	egistered office of	or registere	d agent, or	r both, in the	State of Flo	rida. I am fa	amiliar with,	and accept	
	:											
Signature, typed or	printed name of registered agent	and title if app	olicable. (NOTE:	Registered Agent signs	ature required w	rhen reinstating	3)		DATE			
					-							
FILE NOW: FEE IS \$61.25				Election Campaign Financing Trust Fund Contribution.								
	OFFICERS AND DIF	RECTORS	- · - · · - · · · · · · · · · · · · · ·	T 11.	Al	DDITIONS.	/CHANGES	TO OFFICE	RS AND DIF	ECTORS IN	I 10	
PD				TITLE	1						☐ Addition	
VELEZ, TEF	resa		_ 50.00	NAME							_	
17 COQUIN	la ridge way			STREET ADDRESS								
	BEACH FL 32174			CITY-ST-ZIP								
			☐ Delete	TITLE				,		Change	☐ Addition	
				NAME								
				STREET ADDRESS	-							
	BEACH FL 32174			CITY-ST-ZIP	<u> </u>		· · · · · · · · · · · · · · · · · · ·					
			🙀 Delete	TITLE	Trea	sure	r			🛣 Change	☐ Addition	
				NAME								
				STREET ADDRESS	27~B	rook	Crest	Way				
FLAGLER B	EACH FL 32136			CHY-ST-ZIP	Ormo	nd Be	each,	FL3	2174			
			☐ Delete	TITLE					•	☐ Change	Addition	
·					 							
			∟ Delete				•			☐ Change	☐ Addition	
				CITY-ST-ZIP								
			☐ Delete	TITLE	<u> </u>					☐ Change	Addition	
				NAME						_ ,		
				STREET ADDRESS	1							
				CITY-ST-ZIP .	1.							
	RAYMOND RANDVIEW A BEACH FL mamed entity ons of registe Signature, typed or ILE NOW: PD VELEZ, TEF 17 COQUIN ORMOND E SD KELLEY, TE 6 EAGLE R ORMOND E TD REGAN, JE 2 SUGAR A	6. Name and Address of Current RAYMOND CPA RANDVIEW AVE. BEACH FL 32118 named entity submits this statement for printed agent. Signature, typed or printed name of registered agent. ILE NOW: FEE IS \$61.25 OFFICERS AND DIF PD VELEZ, TERESA 17 COQUINA RIDGE WAY ORMOND BEACH FL 32174 SD KELLEY, TERRY 6 EAGLE ROCK TRAIL ORMOND BEACH FL 32174	6. Name and Address of Current Registers RAYMOND CPA RANDVIEW AVE. BEACH FL 32118 Inamed entity submits this statement for the purpons of registered agent. Signature, typed or printed name of registered agent and title if appropriate the purpons of registered agent. OFFICERS AND DIRECTORS PD VELEZ, TERESA 17 COQUINA RIDGE WAY ORMOND BEACH FL 32174 SD KELLEY, TERRY 6 EAGLE ROCK TRAIL ORMOND BEACH FL 32174 TD REGAN, JESSICA 2 SUGAR MILL LANE	6. Name and Address of Current Registered Agent RAYMOND CPA RANDVIEW AVE. BEACH FL 32118 Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS PD VELEZ, TERESA 17 COQUINA RIDGE WAY ORMOND BEACH FL 32174 SD KELLEY, TERRY 6 EAGLE ROCK TRAIL ORMOND BEACH FL 32174 TD REGAN, JESSICA 2 SUGAR MILL LANE	6. Name and Address of Current Registered Agent RAYMOND CPA Street ANDVIEW AVE. BEACH FL 32118 City Inamed entity submits this statement for the purpose of changing its registered office of consistered agent. (NOTE: Registered Agent signs of registered agent and title if applicable. (NOTE: Registered Agent signs of register	6. Name and Address of Current Registered Agent RAYMOND CPA ANDVIEW AVE. BEACH FL 32118 City named entity submits this statement for the purpose of changing its registered office or registere one of registered agent. (NOTE: Registered Agent eignsture required value of applicable. (NOTE: Registered Agent eignsture required value of agent and title of applicable. (NOTE: Registered Agent eignsture required value of agent and title of applicable. (NOTE: Registered Agent eignsture required value of agent and title of applicable. (NOTE: Registered Agent eignsture required value of agent and title of applicable. (NOTE: Registered Agent eignsture required value of agent and title of applicable. (NOTE: Registered Agent eignsture required value of agent and title of applicable. (NOTE: Registered Agent eignsture required value of agent and title of applicable. (NOTE: Registered Agent eignsture required value of agent and title of applicable. (NOTE: Registered Agent eignsture required value of agent and title of applicable. (NOTE: Registered Agent eignsture required value of agent and title of applicable. (NOTE: Registered Agent eignsture required value of agent and title of applicable. (NOTE: Registered Agent eignsture required value of agent and title of applicable. (NOTE: Registered Agent eignsture required value of agent and title of applicable. (NOTE: Registered Agent eignsture required value of agent and title of applicable. (NOTE: Registered Agent	6. Name and Address of Current Registered Agent 7. Name RAYMOND CPA RANDVIEW AVE. BEACH FL 32118 City City	6. Name and Address of Current Registered Agent 7. Name and Address RAYMOND CPA SANDVIEW AVE. BEACH FL 32118 City Inamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the one of registered agent. ILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES: PD VELEZ, TERESA 17 COQUINA RIDGE WAY ORNOND BEACH FL 32174 SD VELEZ, TERRY 6 EAGLE ROCK TRAIL ORNOND BEACH FL 32174 TD REGAN, JESSICA 2 SUGAR MILL CANE FLAGLER BEACH FL 32136 Delete TITLE NAME SIREET ADDRESS CITY-ST-2IP Delete TITLE NAME SIREET ADDRESS CITY-ST-2IP Delete TITLE NAME SIREET ADDRESS CITY-ST-2IP Delete TITLE NAME SIREET ADDRESS CITY-ST-2IP Delete TITLE NAME SIREET ADDRESS CITY-ST-2IP Delete TITLE NAME SIREET ADDRESS CITY-ST-2IP Delete TITLE NAME SIREET ADDRESS CITY-ST-2IP Delete TITLE NAME SIREET ADDRESS CITY-ST-2IP Delete TITLE NAME SIREET ADDRESS CITY-ST-2IP Delete TITLE NAME SIREET ADDRESS CITY-ST-2IP Delete TITLE NAME SIREET ADDRESS CITY-ST-2IP Delete TITLE NAME SIREET ADDRESS CITY-ST-2IP Delete TITLE NAME SIREET ADDRESS CITY-ST-2IP Delete TITLE NAME SIREET ADDRESS CITY-ST-2IP Delete TITLE NAME SIREET ADDRESS SIREET ADDRESS CITY-ST-2IP Delete TITLE NAME SIREET ADDRESS CITY-ST-2IP Delete TITLE NAME SIREET ADDRESS SIREET ADDRESS CITY-ST-2IP Delete	6. Name and Address of Current Registered Agent 7. Name and Address of New R RAYMOND CPA RANDVIEW AVE. BEACH FL 32118 City C	6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo Street Address (P.O. Box Number is Not Acceptable) City FL named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am failure on the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am failure on the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am failure on the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am failure on the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am failure on the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am failure on the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am failure on the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am failure on the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am failure on the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am failure on the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am failure on the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am failure on the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am failure on the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am failure on the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am failure on the purpose of changing its registered office or registered agent, or both, in the State of	Country Zip Country 5. Certificate of Status Desired \$8.75 Ad Fee Require 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Pee Require Name RAYMOND CPA ANDVEW AVE. BEACH FL 32118 City FL Zip Cod The Registered Agent Street Address (PO. Box Number is Not Acceptable) City FL Zip Cod The Registered agent, or both, in the State of Florida. I am familiar with, are of registered agent, or both, in the State of Florida. I am familiar with, are of registered agent, or both, in the State of Florida. I am familiar with, are of registered agent. Beginstance transfer or provided remoral digital agents and state if applicable (NOTE Registered Agent signature required agent, or both, in the State of Florida. I am familiar with, are of registered agent, or both, in the State of Florida. I am familiar with, are of registered agent, or both, in the State of Florida. I am familiar with, are of registered agent, or both, in the State of Florida. I am familiar with, are of registered agent, or both, in the State of Florida. I am familiar with, are of registered agent, or both, in the State of Florida. I am familiar with, are of registered agent, or both, in the State of Florida. I am familiar with, are of registered agent, or both, in the State of Florida. I am familiar with, are of registered agent, or both, in the State of Florida. I am familiar with, are of registered agent, or both, in the State of Florida. I am familiar with, are of registered agent, or both, in the State of Florida. I am familiar with, are of registered agent, or both, in the State of Florida. I am familiar with, are of registered agent, or both, in the State of Florida. I am familiar with, are of registered agent, or both, in the State of Florida. I am familiar with, are of registered agent, or both, in the State of Florida. I am familiar with, are of registered agent, or both, in the State of Florida. I am familiar with, are of registered agent, or both, in the State of Florida. I am familiar with, are of	

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 eath; 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:

672-1726