

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749770

FILED
May 25, 2005
Secretary of State

Entity Name: VOLUSIA COMMUNITY CARE, INC.

Current Principal Place of Business:

1220 WILLIS AVENUE
DAYTONA BEACH, FL 321142810

New Principal Place of Business:

Current Mailing Address:

1220 WILLIS AVENUE
DAYTONA BEACH, FL 321142810

New Mailing Address:

FEI Number: 59-2187337 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SCOTT, SIMPSON
595 W. GRANADA BOULEVARD, SUITE A
ORMOND BEACH, FL 32174 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: CRANE, CHERYL C
Address: P.O. BOX 5176
City-St-Zip: ORMOND BEACH, FL 32175

Title: PD () Delete
Name: VAUGHEN, DANIEL
Address: P.O. BOX 364
City-St-Zip: DELAND, FL 32721

Title: D () Delete
Name: ELDER, LESLIE
Address: P.O. BOX 353527
City-St-Zip: PALM COAST, FL 32135

Title: D () Delete
Name: SPENCER, MARY
Address: 513 RIVERVIEW BOULEVARD
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D (X) Delete
Name: ZEIDWIG, DIANE
Address: 324 E. CHURCH STREET
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CRANE, CHERYL
Address: P O BOX 5176
City-St-Zip: ORMOND BEACH, FL 32175 US

Title: OAL (X) Change () Addition
Name: FOXMAN, JAMES JUDGE
Address: 101 N. ALABAMA AVE, SUITE C348
City-St-Zip: DELAND, FL 32724

Title: PRES (X) Change () Addition
Name: ELDER, LESLIE
Address: P.O. BOX 353527
City-St-Zip: PALM COAST, FL 32135

Title: D (X) Change () Addition
Name: ZEIDWIG, DIANE
Address: 324 E. CHURCH STREET
City-St-Zip: DELAND, FL 32720 US

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: LESLIE ELDER

PRES

05/25/2005

Electronic Signature of Signing Officer or Director

Date