2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Sep 20, 2007 **DOCUMENT# 749770** Secretary of State

Entity Name: VOLUSIA COMMUNITY CARE, INC.

Current Principal Place of Business: New Principal Place of Business:

1220 WILLIS AVENUE

DAYTONA BEACH, FL 321142810

Current Mailing Address: New Mailing Address:

1220 WILLIS AVENUE

DAYTONA BEACH, FL 321142810

FEI Number: 59-2187337 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

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:

Date

Address:

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

FILED

() Delete FOXMAN, S. JAMES Name:

124 RIVERSIDE Address:

City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: MR () Delete STONE, RICK Name: Address: 290 PARRULLI DRIVE

City-St-Zip: ORMOND BEACH, FL 32174

Title: () Delete CORBYONS, MARIAN Name:

325 LAKE WINNEMISSETT DRIVE Address:

City-St-Zip: DELAND, FL 32734

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

Title: () Delete

Name: Address: City-St-Zip: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition FOXMAN, S. JAMES CHAIR Name:

Address: 124 RIVERSIDE

City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: (X) Change () Addition

Name: STONE, RICK VICE CH Address: 290 PARRULLI DRIVE City-St-Zip: ORMOND BEACH, FL 32174

Title: (X) Change () Addition CORBYONS, MARIAN DIRECTO Name:

325 LAKE WINNEMISSETT DRIVE

City-St-Zip: DELAND, FL 32734

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

Title: () Change (X) Addition MILLER, JANET PRESIDE Name:

1220 WILLIS AVENUE Address: City-St-Zip: DAYTONA BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JANET MILLER **PRES** 09/20/2007