

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90061 019 \*\*\*\*61.25

**DOCUMENT # N02000004883**

1. Entity Name

**NORTHEAST FLORIDA HEALTH SERVICES, INC.**



Principal Place of Business

114 VOLUSIA AVE.  
PIERSON FL 32180

Mailing Address

P.O. BOX 527  
PIERSON FL 32180

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE CR2E037 (11/03)

4. FEI Number **550799729**  
**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**OUTTERSON, JOHN A DR.**  
**820 FOREST PARK DRIVE**  
**DELAND FL 32720**

7. Name and Address of New Registered Agent

Name

**O. WILLIAM CRIPPEN**

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

**325 N. VOLUSIA AVENUE**

City

**ORANGE CITY**

FL

Zip Code

**32763**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*William Crippen*

*Executive Director*

*4/2/04*

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME **PCD** ☐ Delete  
**CROSBY, SHANE**  
STREET ADDRESS **263 HIGHWAY 17**  
CITY-ST-ZIP **PIERSON FL 32180**

TITLE NAME **VVCD** ☐ Delete  
**BENNETT, HERBERT**  
STREET ADDRESS **439 N. PINE STREET**  
CITY-ST-ZIP **PIERSON FL 32180-2387**

TITLE NAME **SD** ☐ Delete  
**TYUS, MAX**  
STREET ADDRESS **307 EAST SECOND AVE.**  
CITY-ST-ZIP **PIERSON FL 32180**

TITLE NAME **TD** ☐ Delete  
**DIXON, LAMAR**  
STREET ADDRESS **272 W. WASHINGTON AVE.**  
CITY-ST-ZIP **PIERSON FL 32180-2211**

TITLE NAME **MD** ☒ Delete  
**OUTTERSON, DR. JOHN A**  
STREET ADDRESS **820 FOREST PARK DR./P.O. BOX 584**  
CITY-ST-ZIP **DELAND FL 32720**

TITLE NAME **D** ☒ Delete  
**BRYANT, CHARLES**  
STREET ADDRESS **301 S. RIDGEWOOD AVE., SUITE 120**  
CITY-ST-ZIP **DAYTONA BEACH FL 32115-2451**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☒ Addition  
**SEE ATTACHMENT**  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:**

*M Shane Crosby*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 5, 2004*  
Date

*386-749-4351*  
Daytime Phone #

*Attachment*

*54029582*

*#NO2000004883*

**NORTHEAST FLORIDA HEALTH SERVICES, INC.**

**NEW BOARD MEMBERS:**

**D**

***Veede Lally***

***220 Niagara Street***

***Orange City, FL 32763***

**D**

***Nord Johnson***

***2490 Cade Fernery Road***

***Seville, FL 32190***

**D**

***H. Stewart McBride***

***464 Mishew Road***

***Pierson, FL 32180***

**D**

***Jim Neely***

***296 Katrina Street***

***DeLeon Springs, FL 32130***

**D**

***Mack Yelvington***

***320 Bennett Road***

***Seville, FL 32190***

**D**

***Jon Walt Eddings***

***Volusia County Health Department BIN #125***

***1845 Holsonback Drive***

***Daytona Beach, FL 32117-5114***