

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004247

FILED
Jan 15, 2009
Secretary of State

Entity Name: EAST VOLUSIA HEALTH SERVICES, INC.

Current Principal Place of Business:

303 N CLYDE MORRIS BLVD
DAYTONA BCH, FL 32114

New Principal Place of Business:

303 NORTH CLYDE MORRIS BOULEVARD
DAYTONA BEACH, FL 32114 US

Current Mailing Address:

ATTN: LEGAL DEPARTMENT
303 NORTH CLYDE MORRIS BLVD.
DAYTONA BCH, FL 32114

New Mailing Address:

303 NORTH CLYDE MORRIS BOULEVARD
ATTN: LEGAL DEPARTMENT
DAYTONA BEACH, FL 32114 US

FEI Number: 05-0597078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIDSON, DAVID J
303 N CLYDE MORRIS BLVD
DAYTONA BCH, FL 32114 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LANSBERRY, BLAINE
Address: 2001 S. ATLANTIC AVE.
City-St-Zip: DAYTONA BEACH, FL 32118 US

Title: CD () Delete
Name: HOSSEINI, MORI
Address: 2359 BEVILLE ROAD
City-St-Zip: DAYTONA BEACH, FL 32119 US

Title: T () Delete
Name: CARBIERNER, PAM MD
Address: 1890 LPGA BLVD. STE. 160
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: D () Delete
Name: RITCHEY, GLENN
Address: 444 SEABREEZE BLVD. STE. 700
City-St-Zip: DAYTONA BEACH, FL 32118 US

Title: D () Delete
Name: CLOAR, VIVI
Address: 360 JOHN ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: D () Delete
Name: QUINN, DON
Address: 1057 MASON AVE.
City-St-Zip: DAYTONA BEACH, FL 32117 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: HOLNESS, BETTY
Address: 21 SPRING MEADOW DRIVE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: TD (X) Change () Addition
Name: LANSBERRY, BLAINE
Address: 2001 SOUTH ATLANTIC AVENUE
City-St-Zip: DAYTONA BEACH SHORES, FL 32118 US

Title: SD (X) Change () Addition
Name: CARBIENER, PAM MD
Address: 1890 LPGA BLVD. STE. 160
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: D (X) Change () Addition
Name: RITCHEY, GLENN
Address: 551 NORTH NOVA ROAD
City-St-Zip: DAYTONA BEACH, FL 32114 US

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 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: PAM CARBIENER, M.D.

SD

01/15/2009

Electronic Signature of Signing Officer or Director

Date