

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004247

FILED
Feb 17, 2010
Secretary of State

Entity Name: EAST VOLUSIA HEALTH SERVICES, INC.

Current Principal Place of Business:

303 NORTH CLYDE MORRIS BOULEVARD
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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: VD
Name: HOLNESS, BETTY
Address: 21 SPRING MEADOW DRIVE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: SD
Name: LANSBERRY, BLAINE
Address: 2001 SOUTH ATLANTIC AVENUE
City-St-Zip: DAYTONA BEACH SHORES, FL 32118 US

Title: D
Name: CARBIENER, PAM MD
Address: 1890 LPGA BLVD. STE. 160
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: CD
Name: RITCHEY, GLENN
Address: 551 NORTH NOVA ROAD
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: D
Name: GILES, ART
Address: 957 DUNCAN ROAD
City-St-Zip: SOUTH DAYTONA, FL 32119 US

Title: TD
Name: PHILLIPS, TIM
Address: 3701 OLSON DRIVE
City-St-Zip: DAYTONA BEACH, FL 32124 US

I hereby 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 all other like empowered.

SIGNATURE: GLENN RITCHEY

CD

02/17/2010

Electronic Signature of Signing Officer or Director

Date