

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000004247

**FILED**  
**Jan 14, 2011**  
**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: D  
Name: GILES, ART  
Address: 957 DUNCAN ROAD  
City-St-Zip: SOUTH DAYTONA, FL 32119 US

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

Title: SD  
Name: JANS, KAREN  
Address: 312 GEORGETOWN DRIVE  
City-St-Zip: DAYTONA BEACH, FL 32118 US

Title: VD  
Name: JOHNSON, JOHN PH.D.  
Address: 100 CORSAIR DRIVE, ROOM 200  
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: D  
Name: CARBIENER, PAM MD  
Address: 1890 LPGA BOULEVARD, SUITE 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

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

01/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date