2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002166

Entity Name: VOLUSIA/FLAGLER PHCC, INCORPORATED

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
6801 EDGEWATER DR ORLANDO, FL 32810					EVIEW DRIVE ERRY, FL 32730	US
Current Mailing Address:				New Mailing Address:		
6801 EDGEWATER DR ORLANDO, FL 32810				2911 LAKEVIEW DRIVE CASSELBERRY, FL 32730 US		
FEI Number	: 59-3801320	FEI Number Applied For ()	FEI Nur	nber Not Appl	icable () Cert	ificate of Status Desired (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
WARD, PATRICK 6801 EDGEWATER DR ORLANDO, FL 32810 US				WARD, PATRICK 2911 LAKEVIEW DRIVE CASSELBERRY, FL 32730 US		
	e named entity e of Florida.	submits this statement for the p	ourpose c	of changing i	ts registered office	or registered agent, or both,
SIGNATURE:						04/28/2006
	Electro	nic Signature of Registered Age	ent			Date
OFFICERS AND DIRECTORS:				ADDITION	IS/CHANGES TO	OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	WARD, PATRI PO BOX 835) Delete CK .CH, FL 32174		Title: Name: Address: City-St-Zip:	D (X) Char WARD, PATRICK PO BOX 835 ORMOND BEACH, FL	nge () Addition
Title: Name: Address: City-St-Zip:	MIKEL, JAMES 103 HICKORY) Delete S HILLS CIRCLE CH, FL 32174		Title: Name: Address: City-St-Zip:	P (X) Char MIKEL, JAMES 103 HICKORY HILLS ORMOND BEACH, FL	
Title: Name: Address: City-St-Zip:	V (MULLEN, KEN PO BOX 220 LAKE HELEN,			Title: Name: Address: City-St-Zip:	PE (X) Char MULLEN, KEN PO BOX 220 LAKE HELEN, FL 32	nge () Addition
Title: Name: Address: City-St-Zip:	VIGLIOTTI, LO 821 N US HW			Title: Name: Address: City-St-Zip:	()Chan	ge () Addition
Title: Name: Address: City-St-Zip:	S (FOULK, RAY 1585 TOWN P PORT ORANG			Title: Name: Address: City-St-Zip:	D (X) Char CARTER, RUSSELL 1613 LAKE DR DELAND, FL 32724	nge () Addition
Title: Name: Address:	D () CARTER, RUS 1613 LAKE DR			Title: Name: Address:	()Chan	ge () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: PATRICK WARD D 04/28/2006

DELAND, FL 32724

City-St-Zip: