

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002166

FILED  
Jan 23, 2007  
Secretary of State

Entity Name: VOLUSIA/FLAGLER PHCC, INCORPORATED

## Current Principal Place of Business:

2911 LAKEVIEW DRIVE  
CASSELBERRY, FL 32730 US

## New Principal Place of Business:

## Current Mailing Address:

2911 LAKEVIEW DRIVE  
CASSELBERRY, FL 32730 US

## New Mailing Address:

FEI Number: 59-3801320

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WARD, PATRICK  
2911 LAKEVIEW DRIVE  
CASSELBERRY, FL 32730 US

## Name and Address of New Registered Agent:

TIRADO, RUTH  
2911 LAKEVIEW DRIVE  
CASSELBERRY, FL 32730 US

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: RUTH TIRADO

01/23/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WARD, PATRICK  
Address: PO BOX 835  
City-St-Zip: ORMOND BEACH, FL 32174

Title: P ( ) Delete  
Name: MIKEL, JAMES  
Address: 103 HICKORY HILLS CIRCLE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: PE ( ) Delete  
Name: MULLEN, KEN  
Address: PO BOX 220  
City-St-Zip: LAKE HELEN, FL 32744

Title: T (X) Delete  
Name: VIGLIOTTI, LOUIS  
Address: 821 N US HWY 1  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Delete  
Name: CARTER, RUSSELL  
Address: 1613 LAKE DR  
City-St-Zip: DELAND, FL 32724 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: RUTH TIRADO

D

01/23/2007

Electronic Signature of Signing Officer or Director

Date