

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002166

FILED
Jul 14, 2008
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:

466 94TH AVENUE NORTH
ST. PETERSBURG, FL 33702 US

Current Mailing Address:

2911 LAKEVIEW DRIVE
CASSELBERRY, FL 32730 US

New Mailing Address:

466 94TH AVENUE NORTH
ST. PETERSBURG, FL 33702 US

FEI Number: 59-3801320 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TIRADO, RUTH
2911 LAKEVIEW DRIVE
CASSELBERRY, FL 32730 US

Name and Address of New Registered Agent:

HARRIS, CHERYL P
466 94TH AVENUE NORTH
ST. PETERSBURG, FL 33702 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: CHERYL P. HARRIS

07/14/2008

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

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:

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: CHERYL P. HARRIS

RA

07/14/2008

Electronic Signature of Signing Officer or Director

Date