2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008
Secretary of State

DOCUMENT# N06785

Entity Name: HALIFAX MANAGEMENT SYSTEM, INC.

Current Principal Place of Business:

303 N. CLYDE MORRIS BLVD.
ATTN: GENERAL COUNSEL
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

Current Mailing Address:

303 N. CLYDE MORRIS BLVD.
ATTN: GENERAL COUNSEL
DAYTONA BEACH, FL 32114 US

New Mailing Address:

FEI Number: 59-2664141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIDSON, DAVID J.
ATTN: GENERAL COUNSEL
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:	STD	( ) Delete
Name:	HEVERIN, EDWARD J	
Address:	4624 HARBOR VILLAGE BLVD.	
City-St-Zip:	PONCE INLET, FL 32127 US	
Title:	PD	( ) Delete
Name:	REES, RON R	
Address:	2906 RIVERPOINT DRIVE	
City-St-Zip:	DAYTONA BEACH, FL 32118 US	
Title:	D	( ) Delete
Name:	FAIN, CHARLES W DDS	
Address:	281 OAK DRIVE	
City-St-Zip:	ORMOND BEACH, FL 32174 US	
Title:	D	( ) Delete
Name:	KUSHNER, F. HAROLD M.D.	
Address:	2910 RIVERPOINT DR.	
City-St-Zip:	DAYTONA BCH, FL 32118 US	
Title:	D	( ) Delete
Name:	GRIFFIN, WILLIAM J	
Address:	6193 SHORELINE DR.	
City-St-Zip:	PORT ORANGE, FL 32119 US	
Title:	CD	( ) Delete
Name:	SNODGRASS, RICHARD W M.D.	
Address:	1151 N. HALIFAX DR.	
City-St-Zip:	DAYTONA BEACH, FL 32118 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PD	(X) Change ( ) Addition
Name:	REES, RON R	
Address:	2718 WINTERFORD DRIVE	
City-St-Zip:	PORT ORANGE, FL 32128 US	
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 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: WILLIAM J. GRIFFIN D 02/26/2008
Electronic Signature of Signing Officer or Director — Date