

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90120 034 ****61.25

DOCUMENT # N06786

1. Entity Name
VOLUSIA HEALTH VENTURES, INC.



Principal Place of Business
**400 NORTH CLYDE MORRIS BOULEVARD
DAYTONA BEACH, FL 32114 US**

Mailing Address
**303 N CLYDE MORRIS BLVD
ATTN: GENERAL COUNSEL
DAYTONA BEACH, FL 32114 US**

40040691



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2663295

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIDSON, DAVID J
303 NO CLYDE MORRIS BLVD
DAYTONA BCH, FL 32114**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCDONNELL, JAMES M.D.
305 CLYDE MORRIS BLVD., STE. 130
ORMOND BEACH, FL 32174** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Dunn, M.D., Luckey
155 South Halifax Avenue
Daytona Beach, FL 32118** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
REESE, HARRY
480 FENTRESS BLVD.
DAYTONA BEACH, FL 32114** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
REES, RON R
480 FENTRESS BLVD.
DAYTONA BEACH, FL 32114** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Black, M.D., Harry
201 N. Clyde Morris Blvd., Ste. 100
Daytona Beach, FL 32114** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DURKIN, WALTER M.D.
303 NORTH CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32114** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MARTORANO, ANN
400 NORTH CLYDE MORRIS BOULEVARD
DAYTONA BEACH, FL 32114** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Feasel, Jeff
480 Fentress Blvd., Ste. K
Daytona Beach, FL 32114** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
BURKETT, CHARLES M.D.
130 N. FREDERICK AVE.
DAYTONA BEACH, FL 32114** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/06
Date

386-322-4769
Daytime Phone #