

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06786

FILED
Feb 26, 2008
Secretary of State

Entity Name: VOLUSIA HEALTH VENTURES, INC.

Current Principal Place of Business:

400 NORTH CLYDE MORRIS BOULEVARD
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: 59-2663295 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIDSON, DAVID J
303 NO 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: D () Delete
Name: DUNN, LUCKEY M.D.
Address: 155 SOUTH HALIFAX AVENUE
City-St-Zip: DAYTONA BEACH, FL 32118 US

Title: D () Delete
Name: OREZZOLI, LOUIS
Address: 515 HEALTH BOULEVARD
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: D () Delete
Name: BLACK, HARRY M.D.
Address: 201 N CLYDE MORRIS BLVD., SUITE 100
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: D () Delete
Name: DURKIN, WALTER M.D.
Address: 303 NORTH CLYDE MORRIS BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: D () Delete
Name: FEASEL, JEFF
Address: 480 FENTRESS BLVD., SUITE K
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: CD () Delete
Name: BURKETT, CHARLES M.D.
Address: 1673 MASON AVE., STE. 305
City-St-Zip: DAYTONA BEACH, FL 32117 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DUNN, LUCKEY M.D.
Address: 1200 W. INT'L SPEEDWAY BLVD., #403A
City-St-Zip: DAYTONA BEACH, FL 32114 US

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

Title: D (X) Change () Addition
Name: BLACK, HARRY M.D.
Address: 350 NORTH CLYDE MORRIS BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114 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:

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: JEFF FEASEL

D

02/26/2008

Electronic Signature of Signing Officer or Director

Date