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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

Page 1 of 2

DOCUMENT # **N19907** (7)

1. Corporation Name

**HALIFAX HEALTH CARE SYSTEMS, INC.**



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified  
**04/01/1987**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2898487**

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

27

City & State

24

Zip

Country

28

Zip

Country

25

29

30

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVIDSON, DAVID J.  
303 N. CLYDE MORRIS BLVD.  
ATTN: GENERAL COUNSEL  
DAYTONA BEACH 32114**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. **see attached** OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD** ☐ DELETE

NAME **COVINGTON, SYLVESTER**  
STREET ADDRESS **633 MADISON AVE**  
CITY - ST - ZIP **DAYTONA BCH FL**

TITLE **D** ☐ DELETE

NAME **PECK, EDWIN**  
STREET ADDRESS **2425 S ATLANTIC AVE**  
CITY - ST - ZIP **DAYTONA BCH SHORES FL**

TITLE **D** ☐ DELETE

NAME **GRANT, PEROMNIA**  
STREET ADDRESS **1632 FIFTH STREET**  
CITY - ST - ZIP **DAYTONA BEACH FL**

TITLE **TD** ☐ DELETE

NAME **COBLE, MARILYN**  
STREET ADDRESS **1150 FLORIDA AVENUE**  
CITY - ST - ZIP **DAYTONA BEACH FL**

TITLE **D** ☐ DELETE

NAME **LLOYD, WILLIAM S**  
STREET ADDRESS **354 N BEACH STREET**  
CITY - ST - ZIP **DAYTONA BEACH FL**

TITLE **DC** ☐ DELETE

NAME **STANSFIELD, MARY JO**  
STREET ADDRESS **864 PENINSULA DRIVE**  
CITY - ST - ZIP **ORMOND BCH FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**V/C  
LLOYD, WILLIAM S  
354 N BEACH STREET  
DAYTONA BEACH, FL**

**STANSFIELD, MARY JO  
864 PENINSULA DRIVE  
ORMOND BCH, FL**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

**CORPORATION ANNUAL REPORT - 1996**

Page 282

**HALIFAX HEALTH CARE SYSTEMS, INC.**

**ADDENDUM TO SECTION 12**

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO SEC. 12</b>		<b>CHANGE/ ADDITION</b>
<b>TITLE</b>	<b>D</b>	<b>TITLE</b>	<b>C</b>	<b>CHANGE</b>
<b>NAME</b>	FOSTER, JAMES H.	<b>NAME</b>	FOSTER, JAMES H.	
<b>ADDRESS</b>	714 JOHN ANDERSON DR.	<b>ADDRESS</b>	714 JOHN ANDERSON DR.	
<b>CITY/ST/ZIP</b>	ORMOND BEACH, FL 32176	<b>CITY/ST/ZIP</b>	ORMOND BEACH, FL 32176	
<b>TITLE</b>	<b>P</b>	<b>TITLE</b>		
<b>NAME</b>	REES, RON R.	<b>NAME</b>		
<b>ADDRESS</b>	2906 RIVERPOINT DR	<b>ADDRESS</b>		
<b>CITY/ST/ZIP</b>	DAYTONA BEACH, FL 32114	<b>CITY/ST/ZIP</b>		
<b>TITLE</b>	<b>VP</b>	<b>TITLE</b>		
<b>NAME</b>	GRIFFIN, WILLIAM J.	<b>NAME</b>		
<b>ADDRESS</b>	6193 SHORELINE DR	<b>ADDRESS</b>		
<b>CITY/ST/ZIP</b>	PORT ORANGE, FL 32119	<b>CITY/ST/ZIP</b>		
<b>TITLE</b>	<b>S/T</b>	<b>TITLE</b>		
<b>NAME</b>	HEVERIN, EDWARD J.	<b>NAME</b>		
<b>ADDRESS</b>	2 WINDSOR DRIVE	<b>ADDRESS</b>		
<b>CITY/ST/ZIP</b>	ORMOND BEACH, FL 32174	<b>CITY/ST/ZIP</b>		