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May 01 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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 32114303 N. CLYDE MORRIS BLVD.  
ATTN: GENERAL COUNSEL  
DAYTONA BEACH FL 32114-2708

3. Date Incorporated or Qualified

04/01/1987

3a. Date of Last Report

04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City &amp; State

27 City &amp; State

24 Zip

Country

29 Zip

Country

4. FEI Number

59-2898487

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be  
Added to Fees8. 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  
NAME COVINGTON, SYLVESTER  
STREET ADDRESS 633 MADISON AVE  
CITY-ST-ZIP DAYTONA BCH FL☐ DELETE1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE D  
NAME PECK, EDWIN  
STREET ADDRESS 2425 S ATLANTIC AVE  
CITY-ST-ZIP DAYTONA BCH SHORES FL☐ DELETE2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE D  
NAME GRANT, PEROMNIA  
STREET ADDRESS 1632 FIFTH STREET  
CITY-ST-ZIP DAYTONA BEACH FL☐ DELETE3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE TD  
NAME COBLE, MARILYN  
STREET ADDRESS 1150 FLORIDA AVENUE  
CITY-ST-ZIP DAYTONA BEACH FL☐ DELETE4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE VC  
NAME LLOYD, WILLIAM S  
STREET ADDRESS 354 N BEACH STREET  
CITY-ST-ZIP DAYTONA BEACH FL☒ DELETE5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP☐ Change☒ AdditionTITLE D  
NAME STANSFIELD, MARY JO  
STREET ADDRESS 864 PENINSULA DRIVE  
CITY-ST-ZIP ORMOND BCH FL☐ DELETE6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP☒ Change☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Edward J. Heverin

4/21/97

904-254-4278

Date

Daytime Phone #0001890

CR2E037 (9/96)

**CORPORATION ANNUAL REPORT - 1997**

**HALIFAX HEALTH CARE SYSTEMS, INC.**

**ADDENDUM TO SECTION 12**

12. OFFICERS AND DIRECTORS		DELETE	13. ADDITIONS/CHANGES TO SEC. 12		CHANGE/ ADDITION
TITLE	CD		TITLE		
NAME	FOSTER, JAMES H.		NAME		
ADDRESS	714 JOHN ANDERSON DR.		ADDRESS		
CITY/ST/ZIP	ORMOND BEACH, FL 32176		CITY/ST/ZIP		
TITLE	PD		TITLE		
NAME	REES, RON R.		NAME		
ADDRESS	2906 RIVERPOINT DR		ADDRESS		
CITY/ST/ZIP	DAYTONA BEACH, FL 32114		CITY/ST/ZIP		
TITLE	VD		TITLE		
NAME	GRIFFIN, WILLIAM J.		NAME		
ADDRESS	6193 SHORELINE DR		ADDRESS		
CITY/ST/ZIP	PORT ORANGE, FL 32119		CITY/ST/ZIP		
TITLE	STD		TITLE		
NAME	HEVERIN, EDWARD J.		NAME		
ADDRESS	2 WINDSOR DRIVE		ADDRESS		
CITY/ST/ZIP	ORMOND BEACH, FL 32174		CITY/ST/ZIP		