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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90044 048 ****61.25

DOCUMENT # N19907

1. Corporation Name

HALIFAX HEALTH CARE SYSTEMS, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

04/01/1987

4. FEI Number

59-2898487

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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.

OFFICERS AND DIRECTORS

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 ELSTON, ROBERT C.
STREET ADDRESS 1281 US HIGHWAY 1
CITY-ST-ZIP ORMOND BEACH FL

TITLE VC ☐ DELETE
NAME STANSFIELD, MARY JO
STREET ADDRESS 864 PENINSULA DRIVE
CITY-ST-ZIP ORMOND BCH FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward J. Heverin

904-254-4278

Date

Daytime Phone #

CR2E037 (11/98)

254321-9004-48
N19907

CORPORATION ANNUAL REPORT - 1999

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	353 OAK DRIVE	CHANGE
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		