

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 31, 2000 08:00 AM
Secretary of State

DOCUMENT # N19907

1. Entity Name

HALIFAX HEALTH CARE SYSTEMS, INC.

Principal Place of Business

Mailing Address

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

FL

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

FL

2. Principal Place of Business

303 N. CLYDE MORRIS BLVD.

3. Mailing Address

303 N. CLYDE MORRIS BLVD.

Suite, Apt. #, etc.

ATTN: GENERAL COUNSEL

Suite, Apt. #, etc.

ATTN: GENERAL COUNSEL

City & State

DAYTONA BEACH

FL

City & State

DAYTONA BEACH

FL

4. FEI Number

59-2898487

Applied For

Not Applicable

Zip

32114

Country

US

Zip

32114

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

DAVIDSON DAVID J

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

303 N. CLYDE MORRIS BLVD.

City

DAYTONA BEACH

FL

Zip Code

32114

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.

SIGNATURE DAVID J. DAVIDSON

01/31/2000

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VC	<input type="checkbox"/> Delete
NAME	STANSFIELD, MARY JO	
STREET ADDRESS	864 PENINSULA DRIVE	
CITY-ST-ZIP	ORMOND BCH	FL

TITLE	D	<input type="checkbox"/> Delete
NAME	ELSTON ROBERT C.	
STREET ADDRESS	1281 US HIGHWAY 1	
CITY-ST-ZIP	ORMOND BEACH	FL

TITLE	TD	<input type="checkbox"/> Delete
NAME	COBLE MARILYN	
STREET ADDRESS	1150 FLORIDA AVENUE	
CITY-ST-ZIP	DAYTONA BEACH	FL

TITLE	D	<input type="checkbox"/> Delete
NAME	GRANT PEROMNIA	
STREET ADDRESS	1632 FIFTH STREET	
CITY-ST-ZIP	DAYTONA BEACH	FL

TITLE	D	<input type="checkbox"/> Delete
NAME	PECK EDWIN	
STREET ADDRESS	2425 S ATLANTIC AVE	
CITY-ST-ZIP	DAYTONA BCH SHORES	FL

TITLE	SD	<input type="checkbox"/> Delete
NAME	COVINGTON SYLVESTER	
STREET ADDRESS	633 MADISON AVE	
CITY-ST-ZIP	DAYTONA BCH	FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANSFIELD MARY JO	
STREET ADDRESS	864 PENINSULA DRIVE	
CITY-ST-ZIP	ORMOND BCH	FL 32176

TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELSTON ROBERT C.	
STREET ADDRESS	1281 US HIGHWAY 1	
CITY-ST-ZIP	ORMOND BEACH	FL 32174

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILES STEVEN M.D.	
STREET ADDRESS	303 N. CLYDE MORRIS BLVD.	
CITY-ST-ZIP	DAYTONA BEACH	FL 32114

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT PEROMNIA	
STREET ADDRESS	1632 FIFTH STREET	
CITY-ST-ZIP	DAYTONA BEACH	FL 32114

TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PECK EDWIN WJR.	
STREET ADDRESS	2430 S ATLANTIC AVE., STE. F	
CITY-ST-ZIP	DAYTONA BCH SHORES	FL 32118

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COVINGTON SYLVESTER	
STREET ADDRESS	663 MADISON AVE	
CITY-ST-ZIP	DAYTONA BEACH	FL 32114

12. 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 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.

NORA HALL (S/D)
1000 CITY CENTER CIRCLE, 2ND FL.

PORT ORANGE, FL 32119