

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 16, 2001 08:00 AM****Secretary of State****DOCUMENT # N19907**1. Entity Name
HALIFAX HEALTH CARE SYSTEMS, INC.Principal Place of Business
303 N. CLYDE MORRIS BLVD.
ATTN: GENERAL COUNSEL
DAYTONA BEACH
32114
US
FLMailing Address
303 N. CLYDE MORRIS BLVD.
ATTN: GENERAL COUNSEL
DAYTONA BEACH
32114
US
FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number
59-2898487Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIDSON DAVID J
303 N. CLYDE MORRIS BLVD.DAYTONA BEACH FL
32114 US

Name

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

City FL Zip Code

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 **03/16/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME STANSFIELD MARY JO
STREET ADDRESS 864 PENINSULA DRIVE
CITY-ST-ZIP ORMOND BCH FL 32176TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE T/D ☐ Delete
NAME ELSTON ROBERT C.
STREET ADDRESS 1281 US HIGHWAY 1
CITY-ST-ZIP ORMOND BEACH FL 32174TITLE ☒ Change ☐ Addition
NAME RITCHIE GLENN
STREET ADDRESS 551 NORTH NOVA ROAD
CITY-ST-ZIP DAYTONA BEACH FL 32114TITLE D ☐ Delete
NAME MILES STEVEN M.D.
STREET ADDRESS 303 N. CLYDE MORRIS BLVD.
CITY-ST-ZIP DAYTONA BEACH FL 32114TITLE ☒ Change ☐ Addition
NAME MILES STEVEN M.D.
STREET ADDRESS 303 N. CLYDE MORRIS BLVD.
CITY-ST-ZIP DAYTONA BEACH FL 32114TITLE D ☐ Delete
NAME GRANT PEROMNIA
STREET ADDRESS 1632 FIFTH STREET
CITY-ST-ZIP DAYTONA BEACH FL 32114TITLE ☒ Change ☐ Addition
NAME GRANT PEROMNIA
STREET ADDRESS 1632 FIFTH STREET
CITY-ST-ZIP DAYTONA BEACH FL 32114TITLE C/D ☐ Delete
NAME PECK EDWIN WJR.
STREET ADDRESS 2430 S ATLANTIC AVE., STE. F
CITY-ST-ZIP DAYTONA BCH SHORES FL 32118TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME COVINGTON SYLVESTER
STREET ADDRESS 663 MADISON AVE
CITY-ST-ZIP DAYTONA BEACH FL 32114TITLE ☒ Change ☐ 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)(f), 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.

SIGNATURE: **EDWIN W. PECK, JR.** C/D **03/16/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)

NORA HALL (D)
1316 OVERBROOK DRIVE
ORMOND BEACH, FL 32174