

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19907

FILED
Feb 02, 2004
Secretary of State**Entity Name:** HALIFAX HEALTH CARE SYSTEMS, INC.**Current Principal Place of Business:**303 N. CLYDE MORRIS BLVD.
ATTN: GENERAL COUNSEL
DAYTONA BEACH, FL 32114 US**New Principal Place of Business:****Current Mailing Address:**303 N. CLYDE MORRIS BLVD.
ATTN: GENERAL COUNSEL
DAYTONA BEACH, FL 32114 US**New Mailing Address:****FEI Number:** 59-2898487 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DAVIDSON, DAVID J
303 N. CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32114 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** S/D () Delete
Name: QUINN, DON
Address: 211 NORTH RIDGEWOOD AVE., STE. 303
City-St-Zip: DAYTONA BEACH, FL 32114 US**Title:** T/D () Delete
Name: HOSSEINI, MORI
Address: 2359 BEVILLE ROAD
City-St-Zip: DAYTONA BEACH, FL 32119 US**Title:** D () Delete
Name: CLOAR, VIVI
Address: 360 JOHN ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176 US**Title:** D () Delete
Name: KENNEDY, BRUCE M.D.
Address: 411 LAKE BRIDGE PLAZA DRIVE
City-St-Zip: ORMOND BEACH, FL 32174 US**Title:** V/D () Delete
Name: RITCHEY, GLENN
Address: 551 NORTH NOVA ROAD
City-St-Zip: DAYTONA BEACH, FL 32114 US**Title:** C/D () Delete
Name: HALL, NORA
Address: 1316 OVERBROOK DRIVE
City-St-Zip: ORMOND BEACH, FL 32174 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** S/D (X) Change () Addition
Name: QUINN, DON
Address: 200 E. GRANADA BLVD., STE. 208
City-St-Zip: ORMOND BEACH, FL 32176 US**Title:** D (X) Change () Addition
Name: HOSSEINI, MORI
Address: 2359 BEVILLE ROAD
City-St-Zip: DAYTONA BEACH, FL 32119 US**Title:** V/D (X) Change () Addition
Name: CLOAR, VIVI
Address: 360 JOHN ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176 US**Title:** T/D (X) Change () Addition
Name: KENNEDY, BRUCE M.D.
Address: 411 LAKE BRIDGE PLAZA DRIVE
City-St-Zip: ORMOND BEACH, FL 32174 US**Title:** C/D (X) Change () Addition
Name: RITCHEY, GLENN
Address: 551 NORTH NOVA ROAD
City-St-Zip: DAYTONA BEACH, FL 32114 US**Title:** D (X) Change () Addition
Name: HALL, NORA
Address: 46 RIVER RIDGE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN RITCHEY

C/D

02/02/2004

Electronic Signature of Signing Officer or Director

Date

BETTY HOLNESS (D)
21 SPRING MEADOW DRIVE
ORMOND BEACH, FL 32174