

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19907

FILED
Apr 22, 2005
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: 200 E. GRANADA BLVD., STE. 208
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: D () Delete
Name: HOSSEINI, MORI
Address: 2359 BEVILLE ROAD
City-St-Zip: DAYTONA BEACH, FL 32119 US

Title: V/D () Delete
Name: CLOAR, VIVI
Address: 360 JOHN ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: T/D () Delete
Name: KENNEDY, BRUCE M.D.
Address: 411 LAKE BRIDGE PLAZA DRIVE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: C/D () Delete
Name: RITCHEY, GLENN
Address: 551 NORTH NOVA ROAD
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: D () Delete
Name: HALL, NORA
Address: 46 RIVER RIDGE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: QUINN, DON
Address: 555 WEST GRANADA BLVD., STE. 5B
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: D (X) Change () Addition
Name: HOLNESS, BETTY
Address: 21 SPRING MEADOW DRIVE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

04/22/2005

Electronic Signature of Signing Officer or Director

Date