

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90178 001 ****61.25

DOCUMENT # N19907

1. Entity Name
HALIFAX HEALTH CARE SYSTEMS, INC.



Principal Place of Business
**303 N. CLYDE MORRIS BLVD.
ATTN: GENERAL COUNSEL
DAYTONA BEACH, FL 32114 US**

Mailing Address
**303 N. CLYDE MORRIS BLVD.
ATTN: GENERAL COUNSEL
DAYTONA BEACH, FL 32114 US**

40068750



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2898487

Applied 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**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **QUINN, DON**
STREET ADDRESS **555 WEST GRANADA BLVD., STE. 5B**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **CD** ☐ Change ☒ Addition
NAME **Hosseini, Mori**
STREET ADDRESS **2359 Beville Road**
CITY-ST-ZIP **Daytona Beach, FL 32119**

TITLE **D** ☐ Delete
NAME **HOLNESS, BETTY**
STREET ADDRESS **21 SPRING MEADOW DRIVE**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CLOAR, VIVI**
STREET ADDRESS **360 JOHN ANDERSON DRIVE**
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T/D** ☐ Delete
NAME **KENNEDY, BRUCE M.D.**
STREET ADDRESS **411 LAKE BRIDGE PLAZA DRIVE**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **RITCHEY, GLENN**
STREET ADDRESS **551 NORTH NOVA ROAD**
CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S/D** ☐ Delete
NAME **HALL, NORA**
STREET ADDRESS **46 RIVER RIDGE TRAIL**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenn Ritchey **Glenn Ritchey** 4/11/07 (386) 947-0660
Date Daytime Phone #