

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N19907

FILED  
Feb 28, 2003  
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: D ( ) Delete  
Name: QUINN, DON  
Address: 211 NORTH RIDGEWOOD AVE., STE. 303  
City-St-Zip: DAYTONA BEACH, FL 32114 US

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

Title: D ( ) Delete  
Name: GRANT, PEROMNIA  
Address: 1632 FIFTH STREET  
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: C/D ( ) Delete  
Name: MILES, STEVEN M.D.  
Address: 303 N. CLYDE MORRIS BLVD.  
City-St-Zip: DAYTONA BEACH, FL 32114 US

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

Title: D ( ) Delete  
Name: STANSFIELD, MARY JO  
Address: 864 PENINSULA DRIVE  
City-St-Zip: ORMOND BCH, FL 32176 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/D (X) Change ( ) Addition  
Name: QUINN, DON  
Address: 211 NORTH RIDGEWOOD AVE., STE. 303  
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: T/D (X) Change ( ) Addition  
Name: HOSSEINI, MORI  
Address: 2359 BEVILLE ROAD  
City-St-Zip: DAYTONA BEACH, FL 32119 US

Title: D (X) Change ( ) Addition  
Name: CLOAR, VIVI  
Address: 360 JOHN ANDERSON DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176 US

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

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

Title: C/D (X) Change ( ) Addition  
Name: HALL, NORA  
Address: 1316 OVERBROOK DRIVE  
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: NORA HALL

C/D

02/28/2003

Electronic Signature of Signing Officer or Director

Date

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