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May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N19934 (1)

1. Corporation Name
VOLUSIA COUNTY MEDICAL SOCIETY ALLIANCE, INC.



Principal Place of Business MARCIA DELANEY 7 TIDEWATER DR ORMOND BCH FL 32174 US	Mailing Address % MARCIA DELANEY 7 TIDEWATER DR ORMOND BCH FL 32174-4295 US
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2. Principal Place of Business 21 635 Forest Lane Suite, Apt. #, etc. 22 City & State 23 Deland FL Zip 24 32724	2a. Mailing Address 26 635 Forest Lane Suite, Apt. #, etc. 27 City & State 28 Deland, FL Zip 29 32724 Country 30 USA
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3. Date Incorporated or Qualified 04/02/1987	3a. Date of Last Report 04/11/1996
4. FEI Number 59-2837127	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DELANEY, MARCIA
7 TIDEWATER DR
ORMOND BCH FL 32174**

10. Name and Address of New Registered Agent

81 Name Pirkowski, Samantha
82 Street Address (P.O. Box Number is Not Acceptable) 635 Forest Lane
83
84 City Deland
85 Zip Code FL 32724

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Samantha Pirkowski* **Samantha Pirkowski** **4-25-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME DELANEY, MARCIA	
STREET ADDRESS 7 TIDEWATER DR	
CITY - ST - ZIP ORMOND BEACH FL 32174	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME PIRKOWSKI, SAMANTHA	
STREET ADDRESS 635 FOREST LANE	
CITY - ST - ZIP DELAND FL 32724	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME MC DONOUGH, SUSAN	
STREET ADDRESS 2148 VILLA WAY	
CITY - ST - ZIP NEW SMYRNA BEACH FL 32169	
TITLE TD	<input type="checkbox"/> DELETE
NAME DE PEYSTER, DONNA	
STREET ADDRESS 1014 N CLARA AVE	
CITY - ST - ZIP DELAND FL 32720	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Pirkowski, Samantha	
1.3 STREET ADDRESS 635 Forest Lane	
1.4 CITY - ST - ZIP Deland, FL 32724	
2.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Yushek, Constance	
2.3 STREET ADDRESS 14 Nottingham Drive	
2.4 CITY - ST - ZIP Ormond Beach, FL 32174	
3.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Ramshaw, Leslie	
3.3 STREET ADDRESS 307 N Beach St	
3.4 CITY - ST - ZIP Ormond Beach, FL 32174	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Samantha Pirkowski* **Samantha Pirkowski** **4/14/97** **904-738-5510**
Signature, typed or printed name of signing officer or director Date

CR2E037 (9/96)