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Apr 20 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19934 (1)
1. Corporation Name
VOLUSIA COUNTY MEDICAL SOCIETY ALLIANCE, INC.



Principal Place of Business

Mailing Address

635 FOREST LANE
DELAND FL 32724
US

635 FOREST LANE
DELAND FL 32724
US

3. Date Incorporated or Qualified

04/02/1987

4. FEI Number

59-2837127

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 162 Laurelwood Lane
Suite, Apt. #, etc.

26 162 Laurelwood Lane
Suite, Apt. #, etc.

22 City & State
Ormond Beach, FL

27 City & State
Ormond Beach, FL

23 Zip
32174

28 Zip
32174

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIRKOWSKI, SAMANTHA
635 FOREST LANE
DELAND FL 32724

81 Name
Constance Yuschok

82 Street Address (P.O. Box Number is Not Acceptable)

162 Laurelwood Lane

83

84 City
Ormond Beach

FL

85 Zip Code
32174

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
Constance Yuschok

4/14/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME PIRKOWSKI, SAMANTHA
STREET ADDRESS 635 FOREST LANE
CITY-ST-ZIP DELAND FL

1.1 TITLE PD
1.2 NAME Yuschok, Constance
1.3 STREET ADDRESS 162 Laurelwood Lane
1.4 CITY-ST-ZIP 32174

TITLE VD
NAME YUSCHOK, CONSTANCE
STREET ADDRESS 14 NOTTINGHAM DRIVE
CITY-ST-ZIP ORMOND BEACH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME RAMSHAW, LESLIE
STREET ADDRESS 307 N. BEACH ST.
CITY-ST-ZIP ORMOND BEACH FL

3.1 TITLE SD
3.2 NAME Velaz, Teresa
3.3 STREET ADDRESS 17 Laguna Ridge way
3.4 CITY-ST-ZIP Ormond Beach, FL 32174

TITLE TD
NAME DE PEYSTER, DONNA
STREET ADDRESS 1014 N CLARA AVE
CITY-ST-ZIP DELAND FL 32720

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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: Constance P. Yuschok

4/14/98

CR2E037 (10/97)