

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90059 023 ****61.25

DOCUMENT # N19934

1. Corporation Name

VOLUSIA COUNTY MEDICAL SOCIETY ALLIANCE, INC.

Principal Place of Business

162 LAURELWOOD LANE
ORMOND BEACH FL 32174
US

Mailing Address

162 LAURELWOOD LANE
ORMOND BEACH FL 32174
US



2. Principal Place of Business

21 108 S St. Andrews Drive

2a. Mailing Address

26 108 S. St. Andrews Drive

3. Date Incorporated or Qualified

04/02/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2837127

Applied For

Not Applicable

City & State

23 Ormond Beach, FL

City & State

28 Ormond Beach, FL

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

Zip

Country

24 32174

25 US

Zip

Country

29 32174

30 US

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be

Added to Fees

9. Name and Address of Current Registered Agent

YUSCHOK, CONSTANCE
162 LAURELWOOD LANE
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name

Doliner, Barbara H.

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

108 S. St. Andrews Drive

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

Barbara H. Doliner

4/16/99

Signature of officer or director of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD
NAME VELEZ, TERESA
STREET ADDRESS 17 LOGUINA RIDGE WAY
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE PD
NAME YUSCHOK, CONSTANCE
STREET ADDRESS 162 LAURELWOOD LANE
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S
1.2 NAME Black, Susan
1.3 STREET ADDRESS 11 Noble Woods Way
1.4 CITY-ST-ZIP Ormond Beach, FL 32174

2.1 TITLE P
2.2 NAME Doliner, Barbara H.
2.3 STREET ADDRESS 108 S. St. Andrews Drive
2.4 CITY-ST-ZIP Ormond Beach, FL 32174

3.1 TITLE T
3.2 NAME Di Nicolo, Lisa
3.3 STREET ADDRESS 56 Hollow Branch Crossing
3.4 CITY-ST-ZIP Ormond Beach, FL 32174

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/16/99

Date

Daytime Phone #

CR2E037 (11/98)