

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N19934

1. Corporation Name

VOLUSIA COUNTY MEDICAL SOCIETY ALLIANCE, INC.

Principal Place of Business

108 S ST ANDREWS DR  
ORMOND BEACH FL 32174  
US

Mailing Address

108 S ST ANDREWS DR  
ORMOND BEACH FL 32174  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Raymond Phelan, CPA  
Suite, Apt. #, etc.  
623 N. Grandview Ave.  
City & State  
Daytona Beach FL  
Zip 32118 Country USA

3. New Mailing Office Address, If Applicable

Raymond Phelan, CPA  
Suite, Apt. #, etc.  
623 N. Grandview Ave.  
City & State  
Daytona Beach FL  
Zip 32118 Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/02/1987

5. FEI Number

59-2837127

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
SD	BLACK, SUSAN	11 NOBLE WOODS WY	ORMOND BEACH FL 32174
PD	DALINER, BARBARA H	108 S ST ANDREWS DR	ORMOND BEACH FL 32174
TD	DINICOLA LISA	88 HOLLOW BRANCH CROSSING 1419 Oak Forest Dr.	ORMOND BCH FL 32174
PD	Black, Susan	11 Noble Woods Way 27 Brook Crest Way	Ormond Bch FL 32174
SD	Velez, Teresa	17 Coquina Ridge Way	Ormond Bch FL 32174
TD	Cortez, Nancy	25 Rio Pinar Trail	Ormond Bch, FL 32174

8. Name and Address of Current Registered Agent

DALINER, BARBARA H  
108 S ST ANDREWS DR  
ORMOND BEACH FL 32174

9. Name and Address of New Registered Agent

Name  
Raymond Phelan, CPA  
Street Address (P.O. Box Number is Not Acceptable)  
623 N. Grandview Ave.  
Suite, Apt. #, Etc.  
Daytona Beach FL  
City  
State FL Zip Code 32118

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

10/30/00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan B. Black

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-12/12/00--01035--008

\*\*\*\*236.25 \*\*\*\*236.25

10-30-00

Date

904 6721726

Daytime Phone #