

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N19934**

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



Principal Place of Business

% RAYMOND PHELAN, CPA  
623 N. GRANDVIEW AVENUE  
DAYTONA BEACH, FL 32118 US

Mailing Address

% RAYMOND PHELAN, CPA  
623 N. GRANDVIEW AVENUE  
DAYTONA BEACH, FL 32118 US



01052004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2837127

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PHELAN, RAYMOND CPA  
623 N. GRANDVIEW AVENUE  
DAYTONA BEACH, FL 32118

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	KELLEY, TERRY
STREET ADDRESS	6 EAGLE ROCK TRAIL
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	PD
NAME	VELEZ, TERESA
STREET ADDRESS	17 COQUINA RIDGE WAY
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	T
NAME	BLACK, SUSAN B
STREET ADDRESS	27 BROOK CREST WAY
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000002929  
01/13/04-80034-014 61.25

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X Susan B Black Treas. 1-4-04 3866721726*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone