

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:50

DOCUMENT # **N45935 (6)**  
1. Corporation Name  
**VOLUSIA COUNTY COOPERATIVE HEALTH GROUP, INC.**

Principal Place of Business Mailing Address  
**431 S. KEECH ST. DAYTONA BEACH FL 32168**      **431 S. KEECH ST. DAYTONA BEACH FL 32168**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 25 P.O. Box 9595  
22 City & State 27 Daytona Beach FL 32120  
23 Zip 32114 Country 29 32120-9595 30 Volusia

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/07/1991** 3a. Date of Last Report **07/08/1994**

4. FEI Number **59-3116105** Applied For Not Applicable

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MCKINNON, NOAH C., JR.  
595 WEST GRANADA BLVD.  
SUITE A  
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE	DC
NAME	SANTI, KATHLEEN M.D.
STREET ADDRESS	942 TALL PINE DR.
CITY-ST-ZIP	PORT ORANGE FL 32127
TITLE	SDT
NAME	SCHILDECKER, WILLIAM M.D.
STREET ADDRESS	7 PLEASANT VIEW CIRCLE
CITY-ST-ZIP	DAYTONA BEACH FL 32118
TITLE	VCD
NAME	BROWN, THOMAS B M.D.
STREET ADDRESS	602 RIVERSIDE DR.
CITY-ST-ZIP	ORMOND BEACH FL 32176
TITLE	D
NAME	WHITE, JAMES G.
STREET ADDRESS	344 JOHN ANDERSON DR.
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	D
NAME	COX, WILLIAM
STREET ADDRESS	753 MARINA POINT DR.
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	B. Thomas Brown, M.D.
1.3 STREET ADDRESS	602 Riverside Drive
1.4 CITY-ST-ZIP	Ormond Beach FL 32176
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Herbert Kerman, M.D.
2.3 STREET ADDRESS	2616 S. Peninsula Drive
2.4 CITY-ST-ZIP	Ormond Beach FL 32118
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Remove: James White, M.D.
3.3 STREET ADDRESS	Kathleen Santi, M.D.
3.4 CITY-ST-ZIP	William Cox, M.D.
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: William Schildecker William Schildecker, M.D. January 18, 1995  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-255-3321