

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: **431 S. KEECH ST. DAYTONA BEACH FL 32168**
Mailing Address: **P.O. BOX 9595 DAYTONA BEACH FL 32120 US**

3. Date Incorporated or Qualified: **11/07/1991**
3a. Date of Last Report: **01/30/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	59-3116105	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Country			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MCKINNON, NOAH C., JR. 595 WEST GRANADA BLVD. SUITE A ORMOND BEACH FL 32174		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 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (if 11. Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, B. THOMAS	1.2 NAME	
STREET ADDRESS	602 RIVERSIDE, DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERBERT, KERMAN M	2.2 NAME	
STREET ADDRESS	2616 S. PENISULA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VCD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, THOMAS B M.D.	3.2 NAME	TSD
STREET ADDRESS	602 RIVERSIDE DR.	3.3 STREET ADDRESS	William Schildecker, M.D.
CITY-ST-ZIP	ORMOND BEACH FL 32176	3.4 CITY-ST-ZIP	7 Pleasant View, Daytona Beach 32118
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, JAMES G.	4.2 NAME	
STREET ADDRESS	344 JOHN ANDERSON DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, WILLIAM	5.2 NAME	
STREET ADDRESS	753 MARINA POINT DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 W. Schildecker* **W. SCHILDECKER, M.D.** 2/14/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 2/14/96

CR2E037 (12/95)