

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

Mailing Address

**431 S. KEECH ST.
DAYTONA BEACH FL 32168**

**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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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**

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

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

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

(If 0. E. Registered Agent's signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	BROWN, B. THOMAS	
STREET ADDRESS	602 RIVERSIDE, DRIVE	
CITY - ST - ZIP	ORMOND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HERBERT, KERMAN M	
STREET ADDRESS	2616 S. PENISULA DRIVE	
CITY - ST - ZIP	ORMOND BEACH FL	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, THOMAS B M.D.	
STREET ADDRESS	602 RIVERSIDE DR.	
CITY - ST - ZIP	ORMOND BEACH FL 32176	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, JAMES G.	
STREET ADDRESS	344 JOHN ANDERSON DR.	
CITY - ST - ZIP	ORMOND BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COX, WILLIAM	
STREET ADDRESS	753 MARINA POINT DR.	
CITY - ST - ZIP	DAYTONA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TSD
3.3 STREET ADDRESS	William Schildecker, M.D.
3.4 CITY - ST - ZIP	7 Pleasant View, Daytona Beach 32118
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 W. Schildecker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. Schildecker, M.D. 2/14/96
Date: 2/14/96

304-266-2221

CR2E037 (12/95)