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FILED
May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32120-9595 US
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3. Date Incorporated or Qualified 11/07/1991	3a. Date of Last Report 04/01/1996
4. FEI Number 59-3116105	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 303 N. Clyde Morris Blvd. Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 Daytona Beach, FL 32114 City & State	27 City & State
23 Zip 32114 Country Volusia	28 Zip 30 Country

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

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	BROWN, B. THOMAS	
STREET ADDRESS	802 RIVERSIDE, DRIVE	
CITY-ST-ZIP	ORMOND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HERBERT, KERMAN M	
STREET ADDRESS	2816 S. PENISULA DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	SHILDECKER, WILLIAM	
STREET ADDRESS	7 PLEASANT VIEW	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	100002177121
5.4 CITY-ST-ZIP	-05/13/97--01086--020
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	***61.25
6.4 CITY-ST-ZIP	

14. I do 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 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: *Nicole J. Oppinger* **Nicole J. Oppinger, Exec. Dir** Date: **4/21/97** Daytime Phone: **904-254-4105**

CR2E037 (9/96)