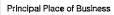
2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED May 03, 2004 08:00 AM Secretary of State

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1. Entity Name

VOLUSIA MEDICAL PARK OWNER'S ASSOCIATION, INC.



Mailing Address

125 NORTH RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114

125 NORTH RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114



DO NOT WRITE IN THIS SPACE

04302004 No Chg-NP

CR2E037 (10/03)

4. FEI Number 59-3181086

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

BECKS, BERRIEN SR 125 NORTH RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114

DO NOT WRITE IN THIS SPACE

			IN THIS OF AGE				
	named entity submits this statement tions of registered agent.	for the purpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE.		**************************************		·			
	Signature, typed or printed name of registered ago	ent and title if applicable. (NOTE, Registere	d Agent signaturi	required when reinstating)	DATE		
	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Finar Trust Fund Contribution,	ncing	\$5.00 May Be Added to Fees	000000153231 05/04/04-80118-018 61.25		
10.	OFFICERS AN	ID DIRECTORS	4				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKS, BERRIEN SR P.O. DRAWER 2140 DAYTONA BEACH, FL 32115	-					
NAME STREET ADDRESS CITY-ST-ZIP	D BECKS, BERRIEN JR P.O. DRAWER 2140 DAYTONA BEACH, FL 32115						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEBLY, JOHN P.O. DRAWER 2140 DAYTONA BEACH, FL 32115			DO DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS		······································					

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 incloated 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:

CITY-ST-ZIP

Berrien H. Becks Jr.

4/29/04

386 252 2<u>000</u>

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #