


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000001205</b> 1. Entity Name VOLUSIA MEDICAL PARK OWNER'S ASSOCIATION, INC.	
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Principal Place of Business 125 NORTH RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114	Mailing Address 125 NORTH RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114
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04092008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3181086	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BECKS, BERRIEN SR 125 NORTH RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114
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**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

000000012188  
05/08/08-80006-008 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKS, BERRIEN SR P.O. DRAWER 2140 DAYTONA BEACH, FL 32115
TITLE 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Berrien H Becks Jr

4-17-08

386 252 2000

Date

Daytime Phone #