

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # N94000004673 (9)  
1. Corporation Name  
SOUTHWEST VOLUSIA HEALTH SERVICES, INC.

Principal Place of Business Mailing Address  
1055 SAXON BLVD. ORANGE CITY FL 32763

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip

9. Name and Address of Current Registered Agent  
TRICKEL, WILLIAM JR.  
39 W. PINE STREET  
ORLANDO FL 32801

APPROVED AND FILED  
95 MAY -1 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report  
09/19/1994

4. FEI Number Applied For  
59-3281591 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

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

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *William Trickel, Jr.* WILLIAM TRICKEL, JR. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAFNER, RANDY	12 NAME	
STREET ADDRESS	C/O 1055 SAXON BLVD.	13 STREET ADDRESS	
CITY - ST - ZIP	ORANGE CITY FL 32763	14 CITY - ST - ZIP	
TITLE		21 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	REINER, RICHARD
STREET ADDRESS		23 STREET ADDRESS	601 E. ALTAMONTE DRIVE
CITY - ST - ZIP		24 CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE		31 TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	HORST, ERIC
STREET ADDRESS		33 STREET ADDRESS	1055 SAXON BLVD.
CITY - ST - ZIP		34 CITY - ST - ZIP	ORANGE CITY, FL 32763
TITLE		41 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	BLAIR, MARDIAN
STREET ADDRESS		43 STREET ADDRESS	2400 BEDFORD ROAD
CITY - ST - ZIP		44 CITY - ST - ZIP	ORLANDO, FL 32803
TITLE		51 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	HENRY, JOE
STREET ADDRESS		53 STREET ADDRESS	822 TAMMERLANE
CITY - ST - ZIP		54 CITY - ST - ZIP	DELTONA, FL 32725
TITLE		61 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	MORRISON, RICHARD
STREET ADDRESS		63 STREET ADDRESS	602 E. ROLLINS ST.
CITY - ST - ZIP		64 CITY - ST - ZIP	ORLANDO, FL 32803

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 in an attachment with an address.

SIGNATURE: *Eric Horst* Eric Horst 3/20/95 (904) 851-6090