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FILED
Jun 19 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 # N94000004673 (9)
1. Corporation Name
SOUTHWEST VOLUSIA HEALTH SERVICES, INC.



Principal Place of Business 1055 SAXON BLVD. ORANGE CITY FL 32763	Mailing Address 1055 SAXON BLVD. ORANGE CITY FL 32763-8469
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3. Date Incorporated or Qualified 09/19/1994	3a. Date of Last Report 06/25/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-3281591	Applied For 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**HAFFNER, RANDALL L
1055 SAXON BLVD.
ORANGE CITY FL 32763**

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

12. OFFICERS AND DIRECTORS

TITLE	P/ST <input type="checkbox"/> DELETE
NAME	HAFFNER, RANDY
STREET ADDRESS	C/O 1055 SAXON BLVD.
CITY-ST-ZIP	ORANGE CITY FL 32763
TITLE	X/CD <input type="checkbox"/> DELETE
NAME	REINER, RICHARD
STREET ADDRESS	601 E. ALTAMONTE DR.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701
TITLE	ST <input checked="" type="checkbox"/> DELETE
NAME	SCHALK, LAWRENCE E
STREET ADDRESS	308 PARK PL.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701
TITLE	D <input type="checkbox"/> DELETE
NAME	BLAIR, MARDIAN
STREET ADDRESS	2400 BEDFORD ROAD
CITY-ST-ZIP	ORLANDO FL 32803
TITLE	CD <input type="checkbox"/> DELETE
NAME	HENRY, JOE
STREET ADDRESS	822 TAMMERLANE ST.
CITY-ST-ZIP	DELTONA FL 32725
TITLE	D <input type="checkbox"/> DELETE
NAME	MORRISON, RICHARD
STREET ADDRESS	601 E. ROLLINS ST.
CITY-ST-ZIP	ORLANDO FL 32803

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Terry Shaw
1.3 STREET ADDRESS	601 E. Rollins St.
1.4 CITY-ST-ZIP	Orlando, FL 32803
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Alex Carmichael
2.3 STREET ADDRESS	P.O. Box 6299 51 Main St.
2.4 CITY-ST-ZIP	Deltona, FL 32728
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bob Lankford, M.D.
3.3 STREET ADDRESS	685 Peachwood Drive
3.4 CITY-ST-ZIP	Deland, FL 32720
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Pat Northey
4.3 STREET ADDRESS	2310 Carson Lane
4.4 CITY-ST-ZIP	Deltona, FL 32738
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	George Woodruff
5.3 STREET ADDRESS	1978 Doyle Rd.
5.4 CITY-ST-ZIP	Deltona, FL 32738
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 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.

CR2E037 (9/96)