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Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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

3. Date Incorporated or Qualified: 09/19/1994
4. FEI Number: 59-3281591
Applied For: Not Applicable

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST HAFFNER, RANDY C/O 1055 SAXON BLVD. ORANGE CITY FL	1.1 TITLE	Alex Carmichael
NAME		1.2 NAME	PO Box 6299 N/A
STREET ADDRESS		1.3 STREET ADDRESS	Deltona, FL 32728
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	CD REINER, RICHARD 801 E. ALTAMONTE DR. ALTAMONTE SPRINGS FL	2.1 TITLE	Bob Lankford, MD
NAME		2.2 NAME	685 Peachwood Drive
STREET ADDRESS		2.3 STREET ADDRESS	Deland, FL 32720
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D SHAW, TERRY 801 E. ROLLINS ST. ORLANDO FL	3.1 TITLE	Pat Northey
NAME		3.2 NAME	2310 Carson Lane
STREET ADDRESS		3.3 STREET ADDRESS	Deltona, FL 32738
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D BLAIR, MARDIAN 2400 BEDFORD ROAD ORLANDO FL 32803	4.1 TITLE	Pradeep Mathur, MD
NAME		4.2 NAME	2415 S. Volusia Avenue
STREET ADDRESS		4.3 STREET ADDRESS	Orange City, FL 32763
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D HENRY, JOE 822 TAMMERLANE ST. DELTONA FL	5.1 TITLE	George Woodruff
NAME		5.2 NAME	1978 Doyle Rd.
STREET ADDRESS		5.3 STREET ADDRESS	Deltona, FL 32763
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D MORRISON, RICHARD 801 E. ROLLINS ST. ORLANDO FL 32803	6.1 TITLE	Thomas Velleff
NAME		6.2 NAME	2667 Enterprise Rd.
STREET ADDRESS		6.3 STREET ADDRESS	Orange City FL 32763
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: [Signature]

1-9-98 904-851-5550

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