

FILE NOW: FILING FEE IS \$61.25

01/19/99

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

99 FEB -8 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N94000004673**

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



21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country	3. Date Incorporated or Qualified 09/19/1994	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		

9. Name and Address of Current Registered Agent <b>JOHNSON, JOE 1055 SAXON BLVD. ORANGE CITY FL 32763</b>				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PST	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PST	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	HAFNER, RANDY		1.2 NAME	Johnson, Joe			
STREET ADDRESS	C/O 1055 SAXON BLVD.		1.3 STREET ADDRESS	1055 Saxon Blvd.			
CITY-ST-ZIP	ORANGE CITY FL		1.4 CITY-ST-ZIP	Orange City, FL 32763			
TITLE	CD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	REINER, RICHARD		2.2 NAME				
STREET ADDRESS	601 E. ALTAMONTE DR.		2.3 STREET ADDRESS				
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		2.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CARMICHAEL, ALEX		3.2 NAME				
STREET ADDRESS	PO BOX 6299 N/A		3.3 STREET ADDRESS				
CITY-ST-ZIP	DELTONA FL 32738		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BLAIR, MARDIAN		4.2 NAME				
STREET ADDRESS	2400 BEDFORD ROAD		4.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32803		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HENRY, JOE		5.2 NAME				
STREET ADDRESS	822 TAMMERLANE ST.		5.3 STREET ADDRESS				
CITY-ST-ZIP	DELTONA FL		5.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MORRISON, RICHARD		6.2 NAME				
STREET ADDRESS	601 E. ROLLINS ST.		6.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32803		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)(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, with all other like empowered.

SIGNATURE: Joe Johnson 1/11/99 (904) 851-5017  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/199)

2

Alex Carmichael  
51 Main St.  
Deltona, FL 32728

George Woodruff  
1978 Doyle Rd.  
Deltona, FL 32738

Pat Northey  
2310 Carson Lane  
Deltona, FL 32738

Ken Mattison  
201 N. Eustis St.  
Eustis, FL 32726

Pradeep Mathur, M.D.  
999 S. Volusia Ave.  
Orange City, FL 32763

Rene Capulong, M.D.  
800 W. Plymouth  
DeLand, FL 32720

Joe Johnson, CEO  
Florida Hospital Fish Memorial  
1055 Saxon Blvd.  
Orange City, FL 32763