

2001 UNIFORM BUSINESS REPORT (UBR)

102

DOCUMENT # N94000004673

1. Entity Name

SOUTHWEST VOLUSIA HEALTH SERVICES, INC.

FILED

01 FEB 12 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1055 SAXON BLVD. ORANGE CITY FL 32763	Mailing Address 1055 SAXON BLVD. ORANGE CITY FL 32763
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 59-3281591	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JOHNSON, JOE
1055 SAXON BLVD.
ORANGE CITY FL 32763

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

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

**FILE NOW:
FEE IS \$61.25**

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST JOHNSON, JOE 1055 SAXON BLVD. ORANGE CITY FL 32763 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD REINER, RICHARD 601 E. ALTAMONTE DR. ALTAMONTE SPRINGS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARMICHAEL, ALEX PO BOX 6299 N/A DELTONA FL 32738 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODRUFF, GEORGE 1978 DOYLE RD. DELTONA FL 32738 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRY, JOE 822 TAMMERLANE ST. DELTONA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, RICHARD 601 E. ROLLINS ST. ORLANDO FL 32803 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900003573779--1 -01/25/01--01004--004 ****122.00 *****60.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CV Richard Reiner 2400 Bedford Road Orlando, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Name - Alex Carmichael Florida United Methodists Children's Home 51 Main Street Deltona, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition For additional directors see attached listings.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DV SP

12. 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 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: _____ DATE: 1/16/01 DAYTIME PHONE #: 904 917 5017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)

2002

Southwest Volusia Health Services, Inc.
Additional Officers and Directors
FEI # 593281591

CV

Richard Reiner
Florida Hospital Division
2400 Bedford Road
Orlando, FL 32803

SV

Terry Shaw
Adventist Health System
111 N. Orlando Avenue
Winter Park, FL 32789

DV

Don Bohannen
Florida Hospital Orlando
601 E Rollins Street
Orlando, FL 32803

D

Ken Mattison
Florida Hospital Waterman
201 N Eustis Street
Eustis, FL 32726

D

Bob Lankford, MD
685 Peachwood Drive
DeLand, FL 32720

D

Pat Northey
Volusia County Council
2310 Carson Lane
Deltona, FL 32738

D

Pradeep Mathur, MD
999 S Volusia Avenue
Orange City, FL 32763

D

Samuel Edwards, MD
750 W. Plymouth Avenue
Deland, FL 32720

Southwest Volusia Healthcare Corporation Officers and Directors

CV

Richard Reiner
Florida Hospital Division
2400 Bedford Road
Orlando, FL 32803

D

Joseph Henry
822 Tamerlane Street
Deltona, FL 32725

STP

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

SV

Terry Shaw
Adventist Health System
111 N. Orlando Avenue
Winter Park, FL 32789

DV

Don Bohannen
Florida Hospital Orlando
601 E Rollins Street
Orlando, FL 32803

D

Ken Mattison
Florida Hospital Waterman
201 N Eustis Street
Eustis, FL 32726

DV

Richard Morrison
Florida Hospital Orlando
601 E Rollins Street
Orlando, FL 32803

D

Alex Carmichael
The Florida United Methodist
Children's Home
51 Main Street
Deltona, FL 32738

D

Bob Lankford, MD
685 Peachwood Drive
DeLand, FL 32720

D

George Woodruff
1978 Doyle Rd
Deltona, FL 32738

D

Pat Northey
Volusia County Council
2310 Carson Lane
Deltona, FL 32738

D

Pradeep Mathur, MD
999 S Volusia Avenue
Orange City, FL 32763

D

Samuel Edwards, MD
750 W. Plymouth Avenue
Deland, FL 32720



FLORIDA HOSPITAL
Fish Memorial

February 7, 2001

Division of Corporations
Annual Report/Uniform Business Report Section
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed report was returned to us requesting corrections. We were a bit confused because according to the letter Section 607.0802 or 617.0802 of Florida Statutes was the reason used for the return. Please be assured that all of our directors are well beyond 18 years of age.

I have added the name of Alex Carmichael in the corrections area, highlighted in yellow, although there is no change in the name just the address. Mr. Carmichael works at the Florida United Methodists Children's Home.

To avoid any further confusion, I thought it best to include a separate listing with all the officers and directors which should be included as part of this report. Blue highlights indicate changes which need to be made on your end. Green are those individuals which were already on your report. Names with no highlights need to be added to your report.

Let me know if you need any further information.

Sincerely,

A handwritten signature in cursive script that reads "Nancy Valentin-Soto".

Nancy Valentin-Soto
Executive Coordinator of
Administrative Services

Enclosures