

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90357 001 \*\*\*122.50

**DOCUMENT # N94000004673**

1. Entity Name

**SOUTHWEST VOLUSIA HEALTH SERVICES, INC.**

Principal Place of Business

Mailing Address

1055 SAXON BLVD.  
ORANGE CITY FL 32763

1055 SAXON BLVD.  
ORANGE CITY FL 32763

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3281591**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, JOE**  
**1055 SAXON BLVD.**  
**ORANGE CITY FL 32763**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PST	<input type="checkbox"/> Delete
NAME	JOHNSON, JOE	
STREET ADDRESS	1055 SAXON BLVD.	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	CV	<input type="checkbox"/> Delete
NAME	REINER, RICHARD	
STREET ADDRESS	2400 BEDFORD ROAD	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARMICHAEL, ALEX	
STREET ADDRESS	51 MAIN STREET	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOODRUFF, GEORGE	
STREET ADDRESS	1978 DOYLE RD.	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENRY, JOE	
STREET ADDRESS	822 TAMMERLANE ST.	
CITY-ST-ZIP	DELTONA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MORRISON, RICHARD	
STREET ADDRESS	601 E. ROLLINS ST.	
CITY-ST-ZIP	ORLANDO FL 32803	

TITLE	D	Change <input checked="" type="checkbox"/> Addition
NAME	Larry Schalk	
STREET ADDRESS	Memorial Hospital Ormond Beach	
CITY-ST-ZIP	875 Sterthaus Ormond Beach, FL 32174	
TITLE	D	Change <input checked="" type="checkbox"/> Addition
NAME	Bob Lankford, M.D.	
STREET ADDRESS	685 Peachwood Dr.	
CITY-ST-ZIP	DeLand, FL 32720	
TITLE	SV	Change <input checked="" type="checkbox"/> Addition
NAME	Terry Shaw	
STREET ADDRESS	111 N. Orlando Ave.	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	PST	Change <input checked="" type="checkbox"/> Addition
NAME	Pradeep Mathur, M.D.	
STREET ADDRESS	999 S. Volusia Avenue	
CITY-ST-ZIP	Orange City, FL 32763	
TITLE	D	Change <input checked="" type="checkbox"/> Addition
NAME	Samuel Edwards, M.D.	
STREET ADDRESS	750 W Plymouth Avenue	
CITY-ST-ZIP	DeLand, FL 32720	
TITLE	D	Change <input checked="" type="checkbox"/> Addition
NAME	Pat Northey	
STREET ADDRESS	Volusia County Council 2310 Carson Lane	
CITY-ST-ZIP	Deltona, FL 32738	

*1 Additional  
on attached listing*

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:

**SIGNATURE REQUIRED**

1/11/2002

(386) 917-5017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Attachment  
Doc# N94000004673

Florida Hospital Fish Memorial  
**Note:** Additional Officers and Directors  
FEI # 59-3281591

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