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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

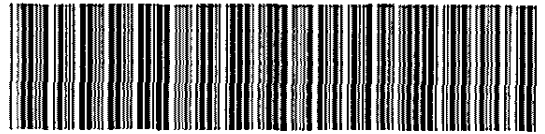
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AND  
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95 MAY -1 AM 9:11

ORANGE COUNTY, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1994

3a. Date of Last Report

4. FEI Number

59-3281591

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.037,  
Florida Statutes  Yes  No

2. Principal Place of Business

21. Suite, Apt #, etc

23. City & State

24. Zip

25. Country

2a. Mailing Address

26. Suite, Apt #, etc

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

TRICKEL, WILLIAM JR.  
39 W. PINE STREET  
ORLANDO FL 32801

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 Section 5 607.0502 and 607.1508, 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 607.1505, Florida Statutes.

SIGNATURE

*William Trickel Jr.*

WILLIAM TRICKEL, JR.

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAFFNER, RANDY
STREET ADDRESS	C/O 1055 SAXON BLVD.
CITY - ST - ZIP	ORANGE CITY FL 32763
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	REINER, RICHARD	
2.3 STREET ADDRESS	601 E. ALTAMONTE DRIVE	
2.4 CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32701	
3.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HORST, ERIC	
3.3 STREET ADDRESS	1055 SAXON BLVD.	
3.4 CITY - ST - ZIP	ORANGE CITY, FL 32763	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BLAIR, MARDIAN	
4.3 STREET ADDRESS	2400 BEDFORD ROAD	
4.4 CITY - ST - ZIP	ORLANDO, FL 32803	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HENRY, JOE	
5.3 STREET ADDRESS	822 TAMMERLANE	
5.4 CITY - ST - ZIP	DELTONA, FL 32725	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MORRISON, RICHARD	
6.3 STREET ADDRESS	602 E. ROLLINS ST.	
6.4 CITY - ST - ZIP	ORLANDO, FL 32803	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

*Eric Horst* Eric Horst

3/30/95

(904) 851-6090