

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004673

FILED  
Apr 04, 2005  
Secretary of State

Entity Name: SOUTHWEST VOLUSIA HEALTH SERVICES, INC.

**Current Principal Place of Business:**

1055 SAXON BLVD.  
ORANGE CITY, FL 32763

**New Principal Place of Business:**

**Current Mailing Address:**

1055 SAXON BLVD.  
ORANGE CITY, FL 32763

**New Mailing Address:**

FEI Number: 59-3281591

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: JOHNSON, JOE  
Address: 1055 SAXON BLVD.  
City-St-Zip: ORANGE CITY, FL 32763

Title: CV ( ) Delete  
Name: REINER, RICHARD  
Address: 2400 BEDFORD ROAD  
City-St-Zip: ORLANDO, FL 32803

Title: D ( ) Delete  
Name: CARMICHAEL, ALEX  
Address: 51 MAIN STREET  
City-St-Zip: DELTONA, FL 32738

Title: D ( ) Delete  
Name: WOODRUFF, GEORGE  
Address: 1978 DOYLE RD.  
City-St-Zip: DELTONA, FL 32738

Title: D ( ) Delete  
Name: HENRY, JOE  
Address: 822 TAMMERLANE ST.  
City-St-Zip: DELTONA, FL 32725

Title: VD ( ) Delete  
Name: MORRISON, RICHARD  
Address: 601 E. ROLLINS ST.  
City-St-Zip: ORLANDO, FL 32803

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE JOHNSON

PST

04/04/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date