


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90048 015 ****61.25

DOCUMENT # N94000004673
 1. Entity 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

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

40052612



03222007 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-3281591

5. Certificate of Status Desired \$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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee Is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CV REINER, RICHARD 2400 BEDFORD ROAD ORLANDO, FL 32803 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS DE PRADA, ARIEL 111 N. ORLANDO AVENUE WINTER PARK, FL 32789 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AMILINENI, MD, RAM 999 S. VOLUSIA AVENUE ORANGE CITY, FL 32760 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SCHALK, LAWRENCE 4954 SHORELINE CIRCLE SANFORD, FL 32771 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Ariel De Prada Ariel De Prada 3/22/07 407-975-1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40052612

#19400000 1673

Per Nancy Valentin-Soto – February 12, 2007

**Southwest Volusia Health Services, Inc.
Officers and Directors**

Board of Trustees

Mike Schultz – C/V
Florida Hospital Division
2400 Bedford Road
Orlando, Florida 32803

Paul T. Smith, MD - T
1403 Medical Plaza Dr. Suite #205
Sanford, Florida 32771

Joe Johnson - P/S/T
Florida hospital Fish Memorial
1055 Saxon Blvd.
Orange City, Florida 32763

Pradeep Mathur, MD - T
999 S. Volusia Avenue
Orange City, Florida 32763

Berry Snyder – T
320 South Spring Garden Ave.
Unite #F
Deland, Florida 32720

Rajendra Hippal, MD - T
1061 Medical Center Drive
Orange City, Florida 32763

Daryl Tol – T/P
Florid Hospital Deland
701 W. Plymouth Avenue
Deland, Florida 32720

Richard Morrison – T/V
Florida Hospital Orlando
601 E. Rollins Street
Orlando, Florida 32803

George Woodruff – T
1978 Doyle Road
Deltona, Florida 32738

Ram Amilineni, MD - T
999 S. Volusia Avenue
Orange City, Florida 32763

Ken Mattison – T/P
Florida Hospital Waterman
201 N. Eustis Street
Eustis, Florida 32726

Sandra Randolph – T/V

Corporate Officers

Lynn Addiscott – Assistant Secretary
Mark Block – Assistant Secretary
Ariel De Prada – Assistant Secretary
Joel Johnson – Treasurer
Terry Shaw – Assistant Secretary
Gary Skilton – Assistant Secretary