

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004673

FILED  
Jan 14, 2008  
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: AS ( ) Delete  
Name: DE PRADA, ARIEL  
Address: 111 N. ORLANDO AVENUE  
City-St-Zip: WINTER PARK, FL 32789 US

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

Title: D ( ) Delete  
Name: AMILINENI, MD, RAM  
Address: 999 S. VOLUSIA AVENUE  
City-St-Zip: ORANGE CITY, FL 32760 US

Title: S ( ) Delete  
Name: SCHALK, LAWRENCE  
Address: 4954 SHORELINE CIRCLE  
City-St-Zip: SANFORD, FL 32771

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

Title: PS (X) Change ( ) Addition  
Name: JOHNSON, JOE  
Address: 1055 SAXON BLVD.  
City-St-Zip: ORANGE CITY, FL 32763

Title: C (X) Change ( ) Addition  
Name: SCHULTZ, MICHAEL  
Address: 2400 BEDFORD ROAD  
City-St-Zip: ORLANDO, FL 32803

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: AS (X) Change ( ) Addition  
Name: ADDISCOTT, LYNN  
Address: 111 N. ORLANDO AVENUE  
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ARIEL DE PRADA

AS

01/14/2008

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

\_\_\_\_\_  
Date