

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004673

FILED
Jan 26, 2009
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: PS () Delete
Name: JOHNSON, JOE
Address: 1055 SAXON BLVD.
City-St-Zip: ORANGE CITY, FL 32763

Title: C () Delete
Name: SCHULTZ, MICHAEL
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: AS () Delete
Name: ADDISCOTT, LYNN
Address: 111 N. ORLANDO AVENUE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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

Title: () Change () Addition
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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 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

01/26/2009

Electronic Signature of Signing Officer or Director

_____ Date