## **2003 NOT-FOR-PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

Mailing Address 1055 SAXON BLVD.

3. Mailing Address

City & State

Zip

ORANGE CITY FL 32763

Suite, Apt. #, etc.

## DOCUMENT # N9400004673

Principal Place of Business

2. Principal Place of Business

1055 SAXON BLVD.

**ORANGE CITY FL 32763** 

Suite, Apt. #, etc

City & State

Zip

SOUTHWEST VOLUSIA HEALTH SERVICES, INC.



## FILED Jan 21, 2003 8:00 am § Secretary of State

01-21-2003 90425 001 \*\*\*122.50

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☐ CHECK HERE IF MAKING C	HANGES						
4. FEI Number 59-3281591	Applied For						
	Not Applicable						
	\$8.75 Additional Fee Required						
Mama and Address of New Control &							

·Name JOHNSON, JOE Street Address (P.O. Box Number is Not Acceptable) 1055 SAXON BLVD. **ORANGE CITY FL 32763** 

City 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.

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

Country

DATE

			ction Campaign Financing st Fund Contribution.		\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State		
10.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGE	S TO OFFICERS AND D	DIRECTORS IN	J 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST JOHNSON, JOE 1055 SAXON BLVD. ORANGE CITY FL 32763	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CV REINER, RICHARD 2400 BEDFORD ROAD ORLANDO FL 32803	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARMICHAEL, ALEX 51 MAIN STREET DELTONA FL 32738	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP		:		☐ Change	☐ Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Woodruff, George 1978 Doyle Rd. Deltona Fl 32738	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	D HENRY, JOE 822 TAMMERLANE ST. DELTONA FL 32725	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		211	> 32725	Change	Addition
TITLE , NAME STREET ADDRESS   CITY-ST-ZIP	VD MORRISON, RICHARD 601 E. ROLLINS ST. ORLANDO FL 32803	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Qe Qu		ed list	Change	Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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

SIGNATURE:

Alfach next N9400000 4693

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

CV

Richard Reiner

Florida Hospital Division 2400 Bedford Road Orlando, FL 32803

STP

Joe Johnson

Florida Hospital Fish Memorial 1055 Saxon Blvd Orange City, FL 32763

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**Terry Shaw** 

Adventist Health System
111 N. Orlando Avenue
Winter Park, FL 32789

D

**Alex Carmichael** 

The Florida United Methodist Children's Home 51 Main Street Deltona, FL 32738

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Bob Lankford, MD

685 Peachwood Drive DeLand, FL 32720

D

George Woodruff 1978 Doyle Rd Deltona, FL 32738 D
Joseph Henry
822 Tamerlane Street

Deltona, FL 32725

D

Ken Mattison

Florida Hospital Waterman 201 N Eustis Street

Eustis, FL 32726

D

Pat Northey

Volusia County Council 2310 Carson Lane Deltona,FL 32738

ח

Pradeep Mathur, MD

999 S Volusia Avenue Orange City, FL 32763

D

Paul T. Smith, MD

1403 Medical Plaza Dr., Suite 205 Sanford, FL 32771

DV

**Richard Morrison** 

 Florida Hospital Orlando 601 E Rollins Street Orlando, FL 32803

\* undicates additional
Officers and Directors