

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90126 020 \*\*\*\*61.25

**DOCUMENT # N98000005393**

1. Corporation Name

**VOLUSIA HEALTH ALLIANCE, INC.**

Principal Place of Business

**131 EAST NEW YORK AVE  
DELAND FL 32724**

Mailing Address

**131 EAST NEW YORK AVE  
DELAND FL 32724**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26 c/o Legal Department

Suite, Apt. #, etc.

27

303 N. Clyde Morris Blvd.

City & State

28

Daytona Beach, FL

Zip

29

32114

Country

30

USA

3. Date Incorporated or Qualified

09/16/1998

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**DAVIDSON, DAVID J  
303 N CLYDE MORRIS BLVD.  
DAYTONA BEACH FL 32114**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/C ☐ Change ☒ Addition

1.2 NAME Arden Kelley

1.3 STREET ADDRESS 1025 South Glencoe Road

1.4 CITY-ST-ZIP New Smyrna Beach, FL 32168

2.1 TITLE D/S ☐ Change ☒ Addition

2.2 NAME John Long, III

2.3 STREET ADDRESS 425 Seneca Street

2.4 CITY-ST-ZIP Daytona Beach, FL 32114

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME Ross Dickinson

3.3 STREET ADDRESS 420 Fentress Boulevard

3.4 CITY-ST-ZIP Daytona Beach, FL 32114

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME Kathie Shepard

4.3 STREET ADDRESS 204 South Massachusetts Avenue

4.4 CITY-ST-ZIP DeLand, FL 32724

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME Don Alexander

5.3 STREET ADDRESS 4139 South Atlantic Ave., Apt. B701

5.4 CITY-ST-ZIP New Smyrna Beach, FL 32169

6.1 TITLE D ☐ Change ☒ Addition

6.2 NAME Sylvester Covington

6.3 STREET ADDRESS 543 Orange Avenue, Ste. A

6.4 CITY-ST-ZIP Daytona Beach, FL 32114

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
Sylvester Covington

4/27/99

(904) 254-4340

Date

Daytime Phone #

CR2E037 (11/98)

N98000005393  
532102.90126.20

Volusia Health Alliance, Inc.  
Document #N98000005393  
Nonprofit Corporation Annual Report 1999

Block 13 Continued:

D                      Addition  
Jeff Portman  
258 Flowing Well Road  
DeLand, FL 32720