

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 14, 2000 08:00 AM
Secretary of State

DOCUMENT # N98000005393

1. Entity Name

VOLUSIA HEALTH ALLIANCE, INC.

Principal Place of Business

131 EAST NEW YORK AVE

DELAND
32724

FL

Mailing Address

C/O LEGAL DEPARTMENT
303 N. CLYDE MORRIS BLVD
DAYTONA BEACH
32114

FL

2. Principal Place of Business

131 EAST NEW YORK AVE

3. Mailing Address

C/O LEGAL DEPARTMENT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

303 N. CLYDE MORRIS BLVD

DO NOT WRITE IN THIS SPACE

City & State

DELAND

FL

City & State

DAYTONA BEACH

FL

4. FEI Number

59-3625209

Applied For

Not Applicable

Zip

32724

Country

US

Zip

32114

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIDSON DAVID J

303 N CLYDE MORRIS BLVD.

DAYTONA BEACH

32114

FL

US

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating.)

03/14/2000

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME COVINGTON SYLVESTER
STREET ADDRESS 543 ORANGE AVENUE, STE. A
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE D ☒ Change ☐ Addition
NAME COVINGTON SYLVESTER
STREET ADDRESS 663 MADISON AVENUE
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE D ☐ Delete
NAME ALEXANDER DON
STREET ADDRESS 4139 SOUTH ATLANTIC AVE., APT. B701
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE D ☒ Change ☐ Addition
NAME ALEXANDER DON
STREET ADDRESS 4139 SOUTH ATLANTIC AVE., APT. B701
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE D ☐ Delete
NAME SHEPARD KATHIE
STREET ADDRESS 204 SOUTH MASSACHUSETTS AVENUE
CITY-ST-ZIP DELAND FL 32724

TITLE D ☒ Change ☐ Addition
NAME SHEPARD KATHIE
STREET ADDRESS 204 SOUTH MASSACHUSETTS AVENUE
CITY-ST-ZIP DELAND FL 32724

TITLE D ☐ Delete
NAME DICKINSON ROSS
STREET ADDRESS 420 FENTRESS BOULEVARD
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE D ☒ Change ☐ Addition
NAME DICKINSON ROSS
STREET ADDRESS 420 FENTRESS BOULEVARD
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE DS ☐ Delete
NAME LONG JOHN III
STREET ADDRESS 425 SENECA STREET
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE DS ☒ Change ☐ Addition
NAME LONG JOHN III
STREET ADDRESS 425 SENECA STREET
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE DC ☐ Delete
NAME KELLEY ARDEN
STREET ADDRESS 1025 SOUTH GLENCOE ROAD
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE DC ☒ Change ☐ Addition
NAME KELLEY ARDEN
STREET ADDRESS 1025 SOUTH GLENCOE ROAD
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

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 changed, or on an attachment with an address, with all other like empowered.