

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM****Secretary of State****DOCUMENT # N98000005393**1. Entity Name
VOLUSIA HEALTH ALLIANCE, INC.

Principal Place of Business	Mailing Address
131 EAST NEW YORK AVE	C/O LEGAL DEPARTMENT
	303 N. CLYDE MORRIS BLVD
DELAND FL	DAYTONA BEACH FL
32724 US	32114 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
59-3625209

Applied For

Not Applicable

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 FL
32114 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 **04/25/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	COVINGTON SYLVESTER	663 MADISON AVENUE	DAYTONA BEACH FL 32114	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	ALEXANDER DON	4139 SOUTH ATLANTIC AVE., APT. B701	NEW SMYRNA BEACH FL 32169	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	SHEPARD KATHIE	204 SOUTH MASSACHUSETTS AVENUE	DELAND FL 32724	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	DICKINSON ROSS	420 FENTRESS BOULEVARD	DAYTONA BEACH FL 32114	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
DS	LONG JOHN III	425 SENECA STREET	DAYTONA BEACH FL 32114	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
DC	KELLEY ARDEN	1025 SOUTH GLENCOE ROAD	NEW SMYRNA BEACH FL 32168	<input type="checkbox"/> Change <input type="checkbox"/> Addition			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: ARDEN KELLEY

DC

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)