

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000005393

FILED
Apr 24, 2002 8:00 AM
Secretary of State

Entity Name: VOLUSIA HEALTH ALLIANCE, INC.

Current Principal Place of Business:

131 EAST NEW YORK AVE
DELAND, FL 32724 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3625209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIDSON, DAVID J
303 N CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32114 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: DC () Delete
Name: KELLEY, ARDEN
Address: 1025 SOUTH GLENCOE ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: DS () Delete
Name: LONG, JOHN III
Address: 425 SENECA STREET
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: D () Delete
Name: DICKINSON, ROSS
Address: 420 FENTRESS BOULEVARD
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: D () Delete
Name: SHEPARD, KATHIE
Address: 204 SOUTH MASSACHUSETTS AVENUE
City-St-Zip: DELAND, FL 32724 US

Title: D () Delete
Name: ALEXANDER, DON
Address: 4139 SOUTH ATLANTIC AVE., APT. B701
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: D () Delete
Name: COVINGTON, SYLVESTER
Address: 663 MADISON AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: () Change () Addition
Name:
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 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 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: ARDEN KELLEY

DC

04/24/2002

Electronic Signature of Signing Officer or Director

Date