## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000005393

Entity Name: VOLUSIA HEALTH ALLIANCE, INC.

FILED Mar 31, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 131 EAST NEW YORK AVE DELAND, FL 32724 **Current Mailing Address: New Mailing Address:** C/O LEGAL DEPARTMENT 303 N. CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114 US FEI Number: 59-3625209 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DAVIDSON, DAVID J 303 N CLYDE MORRIS BLVD. DAYTONA BEACH, FL 32114 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition ADAMS, ALFRED M.D. COOPER, FRED Name: Name: 1845 HOLSONBACK DRIVE Address: 720 GREEN STREET Address: City-St-Zip: DAYTONA BEACH, FL 32117 US City-St-Zip: NEW SMYRNA BEACH, FL 32168 US Title: Title: (X) Change ( ) Addition ( ) Delete AZAMA-EDWARDS, GWEN Name: AZAMA-EDWARDS, GWEN Name: Address: 104 WATER TURKEY COURT Address: 104 WATER TURKEY COURT City-St-Zip: DAYTONA BEACH, FL 32119 US City-St-Zip: DAYTONA BEACH, FL 32119 US Title: Title: CD (X) Change ( ) Addition () Delete QUINN, DON QUINN, DON Name: Name: 211 N. RIDGEWOOD AVE., SUITE 303 200 EAST GRANADA BLVD., STE. 208 Address: Address: City-St-Zip: DAYTONA BEACH, FL 32114 US City-St-Zip: ORMOND BEACH, FL 32176 US Title: () Delete Title: (X) Change ( ) Addition Name: MEYER, CHARLES E Name: KELLEY, ARDEN 1025 SOUTH GLENCOE ROAD Address: 242 SWEET BAY AVENUE Address: City-St-Zip: NEW SMYRNA BEACH, FL 32168 US City-St-Zip: NEW SMYRNA BEACH, FL 32168 US Title: ( ) Delete Title: () Change () Addition NEELY, JIM Name: Name: 521 NUTMEG CIRCLE Address: Address: City-St-Zip: DELAND, FL 32724 US City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition RICHARDS, KAY FOWLER, SUE Name: Name: Address: 2620 ALBURY AVENUE Address: 1055 SAXON BOULEVARD ORANGE CITY, FL 32763 US DELTONA, FL 32738 US City-St-Zip: 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: DON QUINN CD 03/31/2004