

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000065754

FILED
Mar 10, 2004
Secretary of State

Entity Name: ELDER HEALTH CARE OF VOLUSIA, P.A.

Current Principal Place of Business:

854 W PLYMOUTH AVE
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

854 W PLYMOUTH AVE
DELAND, FL 32720

New Mailing Address:

FEI Number: 59-3657970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIERNACKI, RAYMOND
223 S WOODLAND BLVD
DELAND, FL 32724 US

Name and Address of New Registered Agent:

BIERNACKI, RAYMOND
2667 ENTERPRISE ROAD
ORANGE CITY, FL 32763 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: RAYMOND BIERNACKI

03/10/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SPORE, STEPHEN S
Address: 854 W PLYMOUTH AVE
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN S SPORE, M.D.

PRES

03/10/2004

Electronic Signature of Signing Officer or Director

Date