


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90001 025 ***150.00

DOCUMENT # P02000054944 1. Entity Name VOLUSIA HEALTH PROFESSIONALS, INC.	
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Principal Place of Business 26 N BEACH ST STE B ORMOND BEACH, FL 32174	Mailing Address 26 N BEACH ST STE B ORMOND BEACH, FL 32174
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DO NOT WRITE IN THIS SPACE



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0599780	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAYMAN, STEPHEN W D.C.
929 N SPRING GARDEN AVE STE 100
DELAND, FL 32720

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

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

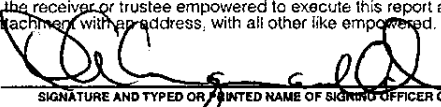
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DENNIS ACQUARD, DENNIA DR 929 N. SPRING GARDEN AVE, STE 100 DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V TIMKO, J. RANDALL DR 929 N. SPRING GARDEN AVE, STE 100 DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HAYMAN, STEPHEN W 929 N. SPRING GARDEN AVE, STE 100 DELAND, FL 32720
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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 607, 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #