

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000092327

Entity Name: VOLUSIA HEALTHPLEX INC.

FILED  
Apr 28, 2009  
Secretary of State

## Current Principal Place of Business:

187 CLUBHOUSE BLVD  
NEW SMYRNA BEACH, FL 32168

## New Principal Place of Business:

## Current Mailing Address:

187 CLUBHOUSE BLVD  
NEW SMYRNA BEACH, FL 32168

## New Mailing Address:

FEI Number: 26-3541684

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BERNER, JEFFREY R  
187 CLUBHOUSE BLVD  
NEW SMYRNA BEACH, FL 32168 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LEVESQUE, DANIEL A  
Address: 385 GOBBLERS LODGE RD  
City-St-Zip: OSTEEN, FL 32764 US

Title: VP ( ) Delete  
Name: LLOYD, ROBERT  
Address: 4106 ORIOLE AVE  
City-St-Zip: PORT ORANGE, FL 32127 US

Title: CFO ( ) Delete  
Name: BERNER, JEFFREY R  
Address: 187 CLUBHOUSE BLVD  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OFF (X) Change ( ) Addition  
Name: LEVESQUE, DANIEL A  
Address: 385 GOBBLERS LODGE RD  
City-St-Zip: OSTEEN, FL 32764 US

Title: OFF (X) Change ( ) Addition  
Name: LLOYD, ROBERT  
Address: 4106 ORIOLE AVE  
City-St-Zip: PORT ORANGE, FL 32127 US

Title: P (X) Change ( ) Addition  
Name: BERNER, JEFFREY R  
Address: 187 CLUBHOUSE BLVD  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JEFFREY R BERNER

P

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date