2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# P94000027860

Entity Name: COMMUNITY MEDICAL CENTER OF WEST VOLUSIA, P.A.

Current Principal Place of Business:

1190 N STONE STREET
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 220007
GLENWOOD, FL 32722

New Mailing Address:

FEI Number: 59-3240016 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANAYAS, MARCELO
90 GOODARD DR
DEBRAY, FL 32713 US

Name and Address of New Registered Agent:

ANAYAS, MARCELO
90 GOODARD DR
DEBARY, FL 32713 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: MARCELO ANAYAS M.D. 04/14/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ANAYAS, MARCELO R MD
Address: 90 GOODARD DR
City-St-Zip: DEBARY, FL 32713

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: MARCELO ANAYAS M.D. PRES 04/14/2005
Electronic Signature of Signing Officer or Director Date