2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 29, 2001 8:00 am Secretary of State DOCUMENT # **P99000007667** VOLUSIA FAMILY CARE, P.A. 05-29-2001 90010 037 ***158.75 Principal Place of Business Mailing Address 661 S. NOVA ROAD 661 S. NOVA ROAD ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEł Number 59-3547579 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOLOMON, GEORGE M.D. Street Address (P.O. Box Number is Not Acceptable) 661 S. NOVA ROAD ORMOND BEACH FL 32174 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. SIGNATURE, (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW! | FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 20 1 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payab e to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Change Addition TITLE PD ☐ Delete NAME SOLOMON, GEORGE STREET ADDRESS STREET ADDRESS 661 S. NOVA ROAD CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE THTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP 13. Thereby certify that the information supplied with his 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 frue and accurate and that not 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 employered to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee empor changed, or on an attachment with an address

other like empowered

D NAME OF SIGNING OFFICER (R DIRECTOR

Daytime Phone #

Date

SIGNATURE AND TYPED OR PRINT

SIGNATURE: