

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000007667

FILED
Apr 25, 2007
Secretary of State

Entity Name: VOLUSIA FAMILY CARE, P.A.

Current Principal Place of Business:

661 S. NOVA ROAD
ORMOND BEACH, FL 32174

New Principal Place of Business:

1690 DUNLAWTON AVE,
SUITE 220
PORT ORANGE, FL 32127

Current Mailing Address:

661 S. NOVA ROAD
ORMOND BEACH, FL 32174

New Mailing Address:

1690 DUNLAWTON AVE.
SUITE 220
PORT ORANGE, FL 32127

FEI Number: 59-3547579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLOMON, GEORGE M.D.
661 S. NOVA ROAD
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

SOLOMON, GEORGE M.D.
1690 DUNLAWTON AVE.
SUITE 220
PORT ORANGE, FL 32127 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: GEORGE SOLOMON

04/25/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SOLOMON, GEORGE
Address: 661 S. NOVA ROAD
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SOLOMON, GEORGE
Address: 1690 DUNLAWTON AVE SUITE 220
City-St-Zip: PORT ORANGE, FL 32127

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: GEORGE SOLOMON

PD

04/25/2007

Electronic Signature of Signing Officer or Director

Date