

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000062058

Entity Name: VOLUSIA OB/GYN, P.A.

FILED
Feb 15, 2008
Secretary of State

Current Principal Place of Business:

500 HEALTH BLVD
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

500 HEALTH BLVD
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 65-0931356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERA, RICHARD
418 BLACK OAK LANE
DAYTONA BEACH, FL 32174 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: DR () Delete
Name: TAPIA-SANTIAGO, CECILLE A
Address: 418 BLACK OAK LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: DR () Delete
Name: HADDOX, LINDA
Address: 1516 NORTH BEACH STREET
City-St-Zip: ORMOND BEACH, FL 32174

Title: DR () Delete
Name: DESAI, MEETESH
Address: 205 JOHN ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LINDA HADDOX

MD

02/15/2008

Electronic Signature of Signing Officer or Director

Date