

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19907

Entity Name: HALIFAX HEALTH CARE SYSTEMS, INC.**Current Principal Place of Business:**303 NORTH CLYDE MORRIS BOULEVARD
DAYTONA BEACH, FL 32114**Current Mailing Address:**303 NORTH CLYDE MORRIS BOULEVARD
ATTN: LEGAL DEPT.
DAYTONA BEACH, FL 32114 US**FEI Number: 59-2898487****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAVIDSON, DAVID J
303 N. CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32114 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title CHAIRMAN, DIRECTOR
Name JOHNSON, JOHN PH.D.
Address 101 CORSAIR DRIVE, ROOM 200
City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR
Name GOODEMOTE, HAROLD
Address 619 NORTH BEACH STREET
City-State-Zip: DAYTONA BEACH FL 32114

Title SECRETARY, DIRECTOR
Name JANS, KAREN
Address 312 GEORGETOWN DRIVE
City-State-Zip: DAYTONA BEACH FL 32118

Title DIRECTOR
Name FRANCATI, DANIEL
Address 21 COQUINA RIDGE WAY
City-State-Zip: ORMOND BEACH FL 32174

Title TREASURER, DIRECTOR
Name SCHANDEL, SUSAN
Address ONE DAYTONA BOULEVARD
City-State-Zip: DAYTONA BEACH FL 32114

Title ASST. SECRETARY, DIRECTOR
Name GILES, ART
Address 957 DUNCAN ROAD
City-State-Zip: SOUTH DAYTONA FL 32119

Title VC, DIRECTOR
Name RITCHEY, GLENN
Address 551 NORTH NOVA ROAD
City-State-Zip: DAYTONA BEACH FL 32114

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN JOHNSON**CHAIRMAN****01/25/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date