

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004673

Entity Name: SOUTHWEST VOLUSIA HEALTH SERVICES, INC.

Current Principal Place of Business:

1055 SAXON BLVD.
ORANGE CITY, FL 32763

Current Mailing Address:

1055 SAXON BLVD.
ORANGE CITY, FL 32763 US

FEI Number: 59-3281591

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROMME, JEFF
900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714 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 AS
Name DE PRADA, ARIEL
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title AS
Name SHAW, TERRY
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title AS
Name ADDISCOTT, LYNN
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name NORTHEY, PAT
Address 2310 CARSON LANE
City-State-Zip: DELTONA FL 32738

Title DIRECTOR
Name RETZER, GORDON
Address P. O. BOX 849
City-State-Zip: DECATUR GA 30031

Title DIRECTOR
Name FOLEY, DOUG
Address 1717 CATALINA BLVD.
City-State-Zip: DELTONA FL 32738

Title SECRETARY, TREASURER, BOARD
SECRETARY, DIRECTOR
Name OSTARLY, ERIC
Address 1055 SAXON BLVD.
City-State-Zip: ORANGE CITY FL 32763

Title DIRECTOR
Name OTTATI, DAVID
Address 1000 WATERMAN WAY
City-State-Zip: TAVARES FL 32778

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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: ARIEL DE PRADA

ASSISTANT SECRETARY 03/01/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PATTERSON, PAT
Address 230 N. WOODLAND BLVD.
SUITE 222
City-State-Zip: DELAND FL 32724

Title ASST. SECRETARY
Name BLOCK, MARK
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name WANAMAKER, JOHN
Address 1055 SAXON BLVD.
City-State-Zip: ORANGE CITY FL 32763

Title PRESIDENT, DIRECTOR
Name DEININGER, ROBERT
Address 1055 SAXON BLVD.
City-State-Zip: ORANGE CITY FL 32763

Title DIRECTOR
Name GUPTA, VISHAL MD
Address 2728 ENTERPRISE ROAD
SUITE 100
City-State-Zip: ORANGE CITY FL 32763

Title ASSISTANT SECRETARY
Name GRAFF, JEFF
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name DESAI, ROHAN MD
Address 2877 WELLNESS AVENUE
City-State-Zip: ORANGE CITY FL 32763

Title ASST. SECRETARY, DIRECTOR
Name THOMAS, DEBORAH
Address 301 MEMORIAL MEDICAL PARKWAY
City-State-Zip: DAYTONA BEACH FL 32117

Title ASST. SECRETARY
Name SAUNDERS, MICHAEL
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name AHUJA, RATAN MD
Address 759 HARLEY STRICKLAND BLVD.
City-State-Zip: ORANGE CITY FL 32763

Title CHAIRMAN, DIRECTOR
Name FULBRIGHT, ROBERT
Address 601 E. ROLLINS STREET
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name RITCHEY, JEFF
Address 900 HOPE WAY
TEMPORARY ADDRESS
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name BROWN, LORENZO
Address 701 WEST PLYMOUTH AVENUE
City-State-Zip: DELAND FL 32720