

2021 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 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 FOLEY, DOUG
Address 1717 CATALINA BLVD.
City-State-Zip: DELTONA FL 32738

Title CHAIRMAN, DIRECTOR, ASST. SECRETARY
Name OTTATI, DAVID
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

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

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

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

Continues on page 2

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: LYNN C. ADDISCOTT

ASSISTANT SECRETARY 04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

Title DIRECTOR
Name BANKS, DAVID
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name CALLA, SHRISH MD
Address 565 SAXON BLVD.
SUITE 102
City-State-Zip: DELTONA FL 32725

Title ASSISTANT SECRETARY
Name GOODMAN, TODD
Address 550 EAST ROLLINS STREET
City-State-Zip: ORLANDO FL 32803

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

Title DIRECTOR
Name VALDERRAMA, CARLOS
Address 1676 PROVIDENCE BLVD.
SUITE A
City-State-Zip: DELTONA FL 32725

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 DIRECTOR
Name BIRI, ABEL
Address 1000 WATERMAN WAY
City-State-Zip: TAVARES FL 32778

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

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

Title DIRECTOR
Name BOWMAN, KURT DR.
Address 1075 TOWN CENTER DR.
City-State-Zip: ORANGE CITY FL 32763

Title TREASURER
Name GLASS, KYLE
Address 701 WEST PLYMOUTH AVE.
City-State-Zip: DELAND FL 32720