

**2015 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

**FEI Number:** 59-3281591

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NOSEWORTHY, ED  
1055 SAXON BLVD.  
ORANGE CITY, FL 32763 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 P, DIRECTOR  
Name NOSEWORTHY, ED  
Address 1055 SAXON BLVD.  
City-State-Zip: ORANGE CITY FL 32763

Title CD  
Name TOL, DARYL  
Address 701 W. PLYMOUTH AVENUE  
City-State-Zip: DELAND FL 32720

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 HAYNES, TIMOTHY  
Address 273 FISHER DRIVE  
City-State-Zip: DELTONA FL 32725

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

**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:** ARIEL DE PRADA

**ASSISTANT SECRETARY 01/29/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name AMILINENI, RAM MD  
Address 999 S. VOLUSIA AVENUE  
City-State-Zip: ORANGE CITY FL 32760

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

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

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 WANAMAKER, JOHN  
Address 900 HOPE WAY  
TEMPORARY ADDRESS  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

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

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 ASST. SECRETARY  
Name SINGLETON, DAVID  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714