

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90021 002 \*\*\*150.00

**DOCUMENT # L92215**

1. Entity Name

**REGIONAL MEDICAL CENTER BAYONET POINT  
VOLUNTEERS ASSOCIATION, INC.**



Principal Place of Business  
**14000 FIVAY RD  
HUDSON FL 34667-7103**

Mailing Address  
**14000 FIVAY RD  
HUDSON FL 34667-7103**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

**59-3043544**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONROY, ROBERT B  
14000 FIVAY ROAD  
HUDSON FL 34667**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **LONG, PATRICK**  
CITY-ST-ZIP **14000 FIVAY ROAD  
HUDSON FL 34667**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **CONROY, ROBERT B**  
CITY-ST-ZIP **14000 FIVAY RD.  
HUDSON FL 34667**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **MARTIN, WILLIAM P**  
CITY-ST-ZIP **8605 STONEHEDGE WAY  
HUDSON FL 34667**

TITLE ☒ Change ☐ Addition  
NAME **DANIEL HAMMER**  
STREET ADDRESS **8605 STONEHEDGEWAY**  
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **GOLDMAN, BLOSSOM**  
CITY-ST-ZIP **11115 ARECA DR.  
PORT RICHEY FL 34668**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **TOBIANSKI, GERALD J**  
CITY-ST-ZIP **12141 SPARTAN WAY #102  
HUDSON FL 34667**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **KAY DURAND**  
STREET ADDRESS **1400 FIVAY Rd.**  
CITY-ST-ZIP **HUDSON, FL 34667**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Gerald Tobianski* **GERALD TOBIANSKI**

1-30-06

727-819-2990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #