


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2007 8:00 am
Secretary of State

08-09-2007 90053 021 ***550.00

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent CONROY, ROBERT B 14000 FIVAY ROAD HUDSON, FL 34667				7. Name and Address of New Registered Agent Name LEIGH MASSENGILL Street Address (P.O. Box Number is Not Acceptable) 14000 FIVAY ROAD City HUDSON FL 34667	
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 <u><i>Leigh Massengill</i></u> <u><i>Leigh Massengill</i></u> <u><i>COO</i></u> <u><i>7/27/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, PATRICK 14000 FIVAY ROAD HUDSON, FL 34667	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHALIN SHAH 14000 FIVAY ROAD HUDSON, FL 34667	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONROY, ROBERT B 14000 FIVAY RD. HUDSON, FL 34667	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEIGH MASSENGILL 14000 FIVAY ROAD HUDSON, FL 34667	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMMER, DANIEL 8605 STONEHEDGE WAY HUDSON, FL 34667	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMMER, DANIEL 8605 STONEHEDGE WAY HUDSON, FL 34667	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLDMAN, BLOSSOM 11115 ARECA DR. PORT RICHEY, FL 34668	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLDMAN, BLOSSOM 11115 ARECA DR. PORT RICHEY, FL 34668	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOBIANSKI, GERALD J 12141 SPARTAN WAY #102 HUDSON, FL 34667	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOBIANSKI, GERALD J 12141 SPARTAN WAY #102 HUDSON, FL 34667	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DURAND, KAY 1400 FIVAY RD HUDSON, FL 34667	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHARLES MATELLA 11516 ALDEN COURT HUDSON, FL 34667	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u><i>Gerald Tobianski</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>7-9-07</i></u> <u><i>727-861-1052</i></u> <small>Date Daytime Phone *</small>		

40128730



07092007 Chg-P CR2E034 (12/06)

4. FEI Number **59-3043544** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required