


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L92215</b> 1. Entity Name <b>REGIONAL MEDICAL CENTER BAYONET POINT VOLUNTEERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>14000 FIVAY RD HUDSON, FL 34667-7103</b>	Mailing Address <b>14000 FIVAY RD HUDSON, FL 34667-7103</b>
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01282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3043544</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MASSENGILL, LEIGH 14000 FIVAY ROAD HUDSON, FL 34667</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000856100 03/27/08-80076-018 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHALIN, SHAH 14000 FIVAY ROAD HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MASSENGILL, LEIGH 14000 FIVAY RD. HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAMMER, DANIEL 8605 STONEHEDGE WAY HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GOLDMAN, BLOSSOM 11115 ARECA DR. PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TOBIANSKI, GERALD J 12141 SPARTAN WAY #102 HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MATELLA, CHARLES 11516 ALDEN COURT HUDSON, FL 34667

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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:** Gerald Tobianski **GERALD TOBIANSKI** **3-7-08** **727-869-5400 x2990**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #