## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L92215

FILED Apr 01, 2010 Secretary of State

Entity Name: REGIONAL MEDICAL CENTER BAYONET POINT VOLUNTEERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

14000 FIVAY RD HUDSON, FL 346677103

Current Mailing Address: New Mailing Address:

14000 FIVAY RD HUDSON, FL 346677103

FEI Number: 59-3043544 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MASSENGILL, LEIGH 14000 FIVAY ROAD HUDSON, FL 34667 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

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: [

Name: SHALIN, SHAH Address: 14000 FIVAY ROAD City-St-Zip: HUDSON, FL 34667

Title:

Name: MASSENGILL, LEIGH Address: 14000 FIVAY RD. City-St-Zip: HUDSON, FL 34667

Title: F

Name: NIEBLER, GEORGE
Address: 18751 SUGARBERRY LANE
City-St-Zip: SPRINGHILL, FL 34610

Title:

Name: GOLDMAN, BLOSSOM Address: 11115 ARECA DR. City-St-Zip: PORT RICHEY, FL 34668

Title:

 Name:
 TOBIANSKI, GERALD J

 Address:
 12141 SPARTAN WAY #102

 City-St-Zip:
 HUDSON, FL 34667

Title: \

 Name:
 DURAND, CATHERINE

 Address:
 1405 SAGEWOOD DRIVE

 City-St-Zip:
 NEW PORT RICHEY, FL 33553

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GERALD J TOBIANSKI T 04/01/2010