2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L92215

FILED Apr 12, 2011 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
SHAH, BEEMAL
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: BEEMAL SHAH 04/12/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: [

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

Title:

Name: SHAH, BEEMAL 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: LORENZI, VERA
Address: 8431 PAVILION DRIVE
City-St-Zip: HUDSON, FL 34667

Title:

 Name:
 TOBIANSKI, GERALD J

 Address:
 12141 SPARTAN WAY #102

 City-St-Zip:
 HUDSON, FL 34667

Title: \

Name: LORENZI, ELLIOT
Address: 8431 PAVILION DRIVE
City-St-Zip: HUDSON, FL 34667

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 TOBIANSKI T 04/12/2011