

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90352 017 ****61.25

DOCUMENT # N00000007975

1. Entity Name

THE FRIENDS OF VOLUNTEERS IN MEDICINE CLINIC, INC.



Principal Place of Business

**417 BALBOA AVENUE
STUART FL 34994**

Mailing Address

**417 BALBOA AVENUE
STUART FL 34994**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1064420

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

**GLASS, DOROTHEA M.D.
417 BALBOA AVENUE
STUART FL 34994**

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

Dorothea Glass M.D.

4-28-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

TITLE: VPD
NAME: GLASS, DOROTHEA M.D.
STREET ADDRESS: 417 BALBOA AVENUE
CITY-ST-ZIP: STUART FL 34994 ☐ Delete

TITLE: PD
NAME: VOSS, HOWARD E M.D.
STREET ADDRESS: 417 BALBOA AVENUE
CITY-ST-ZIP: STUART FL 34994 ☐ Delete

TITLE: DB
NAME: PINGOLT, CINDY
STREET ADDRESS: 417 BALBOA AVENUE
CITY-ST-ZIP: STUART FL 34994 ☐ Delete

TITLE: TD
NAME: CLEAVER, CHARLES
STREET ADDRESS: 417 BALBOA AVENUE
CITY-ST-ZIP: STUART FL 34994 ☐ Delete

TITLE: DS
NAME: TOZZO, BILL MD
STREET ADDRESS: 417 BALBOA AVENUE
CITY-ST-ZIP: STUART FL 34994 ☐ Delete

TITLE: D
NAME: AUSTIN, PAT
STREET ADDRESS: 417 BALBOA AVENUE
CITY-ST-ZIP: STUART FL 34994 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D
NAME: Bagnuolo, William MD
STREET ADDRESS: 417 Balboa Avenue
CITY-ST-ZIP: Stuart, FL 34994 ☐ Change ☒ Addition

TITLE: D
NAME: Hall, Grace
STREET ADDRESS: 417 Balboa Avenue
CITY-ST-ZIP: Stuart, FL 34994 ☐ Change ☒ Addition

TITLE: D
NAME: Huseeth, merle
STREET ADDRESS: 417 Balboa Avenue
CITY-ST-ZIP: Stuart, FL 34994 ☐ Change ☒ Addition

TITLE: D
NAME: McManus, Walter
STREET ADDRESS: 417 Balboa Avenue
CITY-ST-ZIP: Stuart, FL 34994 ☐ Change ☒ Addition

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:

Dorothea Glass M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04

Date

772-463-4128

Daytime Phone #