


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90343 005 ****61.25

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| DOCUMENT # N00000007975 | |  |
| 1. Entity Name THE FRIENDS OF VOLUNTEERS IN MEDICINE CLINIC, INC. | | |

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| Principal Place of Business 417 BALBOA AVENUE STUART, FL 34994 | Mailing Address 417 BALBOA AVENUE STUART, FL 34994 |
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20048636

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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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03212005 Chg-NP CR2E037 (10/03)

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|--------------|--------------|
| City & State | City & State |
| Zip | Country |

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| 4. FEI Number 65-1064420 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent GLASS, DOROTHEA M.D. 417 BALBOA AVENUE STUART, FL 34994 | |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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 Dorothea Glass M.D. DATE 3-23-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD GLASS, DOROTHEA M.D. 417 BALBOA AVENUE STUART, FL 34994 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Bagnuolo, William, MD 417 Balboa Avenue Stuart, FL 34994 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD VOSS, HOWARD E M.D. 417 BALBOA AVENUE STUART, FL 34994 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS Hall, Grace, RN 417 Balboa Avenue Stuart, FL 34994 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DB PINGOLT, CINDY 417 BALBOA AVENUE STUART, FL 34994 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | H Huseth, Merle 417 Balboa Avenue Stuart, FL 34994 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD CLEAVER, CHARLES 417 BALBOA AVENUE STUART, FL 34994 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Voss, Howard E, MD 417 Balboa Avenue Stuart, FL 34994 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS TOZZO, BILL MD 417 BALBOA AVENUE STUART, FL 34994 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP Tozzo, Bill, MD 417 Balboa Avenue Stuart, FL 34994 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AUSTIN, PAT 417 BALBOA AVENUE STUART, FL 34994 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P McManus, Walter 417 Balboa Avenue Stuart, FL 34994 <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 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 D. Glass M.D. DATE 3-23-05 DAYTIME PHONE # 772-463-428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR