

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007975

FILED
Jan 16, 2009
Secretary of State

Entity Name: THE FRIENDS OF VOLUNTEERS IN MEDICINE CLINIC, INC.

Current Principal Place of Business:

417 SE BALBOA AVENUE
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

417 SE BALBOA AVENUE
STUART, FL 34994

New Mailing Address:

FEI Number: 65-1064420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLASS, DOROTHEA MD
417 SE BALBOA AVENUE
STUART, FL 34994 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GLASS, DOROTHEA MD
Address: 417 SE BALBOA AVENUE
City-St-Zip: STUART, FL 34994

Title: DB () Delete
Name: BAGNUOLO, WILLIAM MD
Address: 417 SE BALBOA AVENUE
City-St-Zip: STUART, FL 34994

Title: DB () Delete
Name: MCCONNELL, MARTIN
Address: 417 SE BALBOA AVENUE
City-St-Zip: STUART, FL 34994

Title: CFO () Delete
Name: CLEAVER, CHARLES
Address: 417 BALBOA AVENUE
City-St-Zip: STUART, FL 34994

Title: DS () Delete
Name: HALL, GRACE RN
Address: 414 SE BALBOA AVENUE
City-St-Zip: STUART, FL 34994

Title: DB () Delete
Name: TOZZO, PELLEGRINO MD
Address: 417 SE BALBOA AVENUE
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHEA GLASS, MD

DP

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date