

2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000010056

FILED
Oct 17, 2010
Secretary of State

Entity Name: PASCO REGIONAL MEDICAL CENTER VOLUNTEER FOUNDATION, INC.

Current Principal Place of Business:

13100 FORT KING ROAD
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

13100 FORT KING ROAD
DADE CITY, FL 33525

New Mailing Address:

FEI Number: 26-2619350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDLE, ANN
38631 LANSING AVENUE
ZEPHYRHILLS, FL 33542 US

Name and Address of New Registered Agent:

FOWLER, CLARA M
37401 ORANGE DALE DRIVE
DADE CITY, FL 33525 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: CLARA MAE FOWLER

10/17/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: FOWLER, CLARA M
Address: 37401 ORANGEDALE DRIVE
City-St-Zip: DADE CITY, FL 33525 US

Title: VP
Name: SARTIN, BARBARA
Address: 36149 LODGEPole PINE DR
City-St-Zip: DADE CITY, FL 33525 US

Title: SEC
Name: CARR, ISABEL Q
Address: 5059 PIKEVIEW ROAD
City-St-Zip: DADE CITY, FL 33523 US

Title: MEM
Name: SCHIER, DAVIE L
Address: 36848 BYRD LANE
City-St-Zip: DADE CITY, FL 33523 US

Title: MEM
Name: LININDOLL, DIANE L
Address: 10922 COLLAR DR
City-St-Zip: SAN ANTONIO, FL 33576 US

Title: TREA
Name: CARR, ISABEL Q
Address: 5059 PIKEVIEW RD
City-St-Zip: DADE CITY, FL 33423 US

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

SIGNATURE: ISABEL Q CARR

S-T

10/17/2010

Electronic Signature of Signing Officer or Director

Date