2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2016
Secretary of State
CC8064746528

DOCUMENT# 727231

Entity Name: MEDICAL CENTER OF TRINITY VOLUNTEERS, INC.

Current Principal Place of Business:

9330 S.R. 54
TRINITY, FL 34655

Current Mailing Address:

9330 S.R. 54
VOLUNTEERS
TRINITY, FL 34655

FEI Number: 59-1907202

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MILLER, ROBERT P TREASURER
9330 S.R. 54
VOLUNTEERS
TRINITY, FL 34655 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: ROBERT P MILLER 02/09/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRES
Name	WISCHMANN, DAVID
Address	9330 S.R. 54 VOLUNTEERS
City-State-Zip:	TRINITY FL 34655

Title	TREASURER
Name	MILLER, ROBERT P
Address	9330 S.R. 54
City-State-Zip:	TRINITY FL 34655

Title	DIRECTOR
Name	GELLER, JUDITH
Address	9330 S.R. 54
City-State-Zip:	TRINITY FL 34655

Title	DIRECTOR
Name	VAN STEEN, GENEVIEVE
Address	9330 S.R. 54
City-State-Zip:	TRINITY FL 34655

Title	VP
Name	SIDDIQI, GAIL
Address	9330 S.R. 54
City-State-Zip:	TRINITY FL 34655

Title	SECRETARY
Name	HINCHEY, CHRISTINE
Address	9330 S.R. 54
City-State-Zip:	TRINITY FL 34655

Title	DIRECTOR
Name	BETZ, MONTE
Address	9330 S.R. 54
City-State-Zip:	TRINITY FL 34655

Title	DIRECTOR
Name	GROGER, BARBARA
Address	9330 S.R. 54 VOLUNTEERS
City-State-Zip:	TRINITY FL 34655

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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: ROBERT P MILLER TREASURER 02/09/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	KNOWLES, RYAN
Address	9330 S.R. 54 VOLUNTEERS
City-State-Zip:	TRINITY FL 34655