

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007975

Entity Name: THE FRIENDS OF VOLUNTEERS IN MEDICINE CLINIC, INC.**Current Principal Place of Business:**417 SE BALBOA AVENUE
STUART, FL 34994**Current Mailing Address:**417 SE BALBOA AVENUE
STUART, FL 34994 US**FEI Number: 65-1064420****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GLASS, DOROTHEA MD
417 SE BALBOA AVENUE
STUART, FL 34994 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DB
Name	GLASS, DOROTHEA MD
Address	417 SE BALBOA AVENUE
City-State-Zip:	STUART FL 34994

Title	DP
Name	STEINHAUER, IVINS
Address	417 SE BALBOA AVENUE
City-State-Zip:	STUART FL 34994

Title	DB
Name	COCORULLO, MARK
Address	417 SE BALBOA AVENUE
City-State-Zip:	STUART FL 34994

Title	CFO
Name	CLEAVER, CHARLES
Address	417 SE BALBOA AVENUE
City-State-Zip:	STUART FL 34994

Title	DS
Name	CRARY, MICHAEL
Address	414 SE BALBOA AVENUE
City-State-Zip:	STUART FL 34994

Title	DB
Name	TOZZO, PELLEGRINO MD
Address	417 SE BALBOA AVENUE
City-State-Zip:	STUART FL 34994

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: DOROTHEA GLASS**DB****01/25/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date