

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L92215

Entity Name: REGIONAL MEDICAL CENTER BAYONET POINT VOLUNTEERS ASSOCIATION, INC.**FILED**
Jan 09, 2015
Secretary of State
CC5018541435**Current Principal Place of Business:**14000 FIVAY RD
HUDSON, FL 34667-7103**Current Mailing Address:**14000 FIVAY RD
HUDSON, FL 34667-7103**FEI Number: 59-3043544****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SHAH, SHALAN
14000 FIVAY ROAD
HUDSON, FL 34667 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 D
Name SHALIN, SHAH
Address 14000 FIVAY ROAD
City-State-Zip: HUDSON FL 34667Title P
Name LORENZI, ELLIOT
Address 8431 PAVILION DRIVE
City-State-Zip: HUDSON FL 34667Title S
Name LORENZI, VERA
Address 8431 PAVILION DRIVE
City-State-Zip: HUDSON FL 34667Title T
Name DUNN, SHIRLEY A
Address 11629 FOX RUN
City-State-Zip: PORT RICHEY FL 34668Title V
Name RICCA, DIANA
Address 12203 CAMP CREEK LANE
City-State-Zip: HUDSON FL 34667

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

SIGNATURE: SHIRLEY DUNN**TREASURER****01/09/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date