

**2017 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# L92215

**Entity Name:** REGIONAL MEDICAL CENTER BAYONET POINT VOLUNTEERS ASSOCIATION, INC.**FILED**  
**May 03, 2017**  
**Secretary of State**  
**CC8551366187****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:**RUDISILL, JOE COO  
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: JOE RUDISILL****05/03/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	COO
Name	RUDISILL, JOE
Address	14000 FIVAY RD
City-State-Zip:	HUDSON FL 34667-7103

Title	P
Name	RICCA, DIANE F.
Address	5405 BLUE POINT DRIVE
City-State-Zip:	PORT RICHEY FL 34668

Title	VP
Name	D'AMARIO, COLLEEN
Address	15201 BEELER AVE
City-State-Zip:	HUDSON FL 34667

Title	T
Name	DUNN, SHIRLEY A
Address	11629 FOX RUN
City-State-Zip:	PORT RICHEY FL 34668

Title	S.
Name	HENNESSY, DEBBIE
Address	9832 KENNETH 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****05/03/2017**

Electronic Signature of Signing Officer/Director Detail

Date