

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L92215

**Entity Name:** REGIONAL MEDICAL CENTER BAYONET POINT VOLUNTEERS ASSOCIATION, INC.**FILED**  
**Jan 20, 2017**  
**Secretary of State**  
**CC7746721469****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: No****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 D'AMARIO, COLLEEN  
Address 15201 BEELER AVE  
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****TREASURE****01/20/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date