FILE NOW: FILING FEE AFTER MAY 1 $165.00 ~~$130.00~~

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL 14 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 727231 (3)

1. Corporation Name
VOLUNTEERS OF NEW PORT RICHEY HOSPITAL, INC.

Principal Place of Business	Mailing Address
P.O. BOX 996 NEW PORT RICHEY FL 34656	P.O. BOX 996 NEW PORT RICHEY FL 34656

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/22/1973
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-1907202 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

WEIGMAN, EVELYN
5637 MARINE PARKWAY
NEW PORT RICHEY FL 34656

10. Name and Address of New Registered Agent

81 Name: Roger Newman
82 Street Address (P.O. Box Number is Not Acceptable): 5637 Marine Parkway
83
84 City: New Port Richey FL 85 Zip Code: 34655

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Roger Newman 4/14/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	Director	☒ Change ☐ Addition
NAME	MCKENNA, TOM	1.2 NAME	Ed Harrison	
STREET ADDRESS	33 E. CLEVELAND DRIVE	1.3 STREET ADDRESS	4945 Northampton DR	
CITY-ST-ZIP	HOLIDAY FL	1.4 CITY-ST-ZIP	New Port Richey FL. 34653	
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	JOYNER, RUTH	2.2 NAME		
STREET ADDRESS	9108 BASSETT LN	2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PT RICHEY FL	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	LERCH, LUCILLE	3.2 NAME		
STREET ADDRESS	3442 SPRINGFIELD DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY FL	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	ROLLO, FRANK	4.2 NAME		
STREET ADDRESS	6041 BALBOA DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE	Treasurer / Director	☒ Change ☐ Addition
NAME	WEIGMAN, EVELYN	5.2 NAME	Roger Newman	
STREET ADDRESS	4223 PIERCE COURT	5.3 STREET ADDRESS	1351 Shaffer Way	
CITY-ST-ZIP	NEW PORT RICHEY, FL00000	5.4 CITY-ST-ZIP	New Port Richey, FL. 34655	
TITLE	D	6.1 TITLE	Director	☒ Change ☐ Addition
NAME	CHADWICK, MARTIN	6.2 NAME	Lois Fontes	
STREET ADDRESS	5705 EASTER PL	6.3 STREET ADDRESS	4217 Edgewood DR.	
CITY-ST-ZIP	HOLIDAY FL	6.4 CITY-ST-ZIP	Holiday, FL 34691	

700001540077
-07/18/95--01077--009
****130.00 ****130.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Roger Newman Roger Newman 4/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0067650