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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 34656-0996

3. Date Incorporated or Qualified: **08/22/1973**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21 Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

NEWMAN, ROGER
5637 MARINE PKWY.
NEW PORT RICHEY FL 34656

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HARRISON, ED		1.2 NAME	
STREET ADDRESS	4445 HAMPTON DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PT. RICHEY FL		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PRACE, MARJORIE L		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	D	☐ DELETE	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	P	☐ DELETE	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	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	NEWMAN, ROGER		5.2 NAME	
STREET ADDRESS	1351 SAFFRON WAY		5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MANDERVILLE, ARTHUR		6.2 NAME	
STREET ADDRESS	4217 EDGEWOOD DR.		6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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 4/22/97 813-372-7771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0068210