2000 UNIFORM BUSINESS REPORT (UBR)

9/13/00-90052-011-\$61.25_\$61.25

DOCUMENT # 727231 1. Entity Name						•		
VOLUNTEERS OF NEW PORT RICHEY HOSPITAL, INC.			$(\cdot K)$		SEURE HVISION	FILED TARY OF OF CORPO	STAIL RATIO +	
Principal Plac	e of Business	Mailing Address						
P.O. BOX 996 NEW PORT RICHEY FL 34656 P.O. BOX 996 NEW PORT RICHEY FL 346			56		1 JU UU	10 AM1	D: 07	
Principal Place of Business 3. M		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Numbe	59-1907202	→	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current i	legistered Agent	Name	7. Name and	Address of New Registers	d Agent		
1				· Clair Massee				
NEWMAN, ROGER 5637 MARINE PKWY.				Street Address (P.O. Box Number is Not Acceptable)				
			<u> </u>	5027 Marine tarkway				
NEW POF	IT RICHEY FL 34656		City	1000	·	- Zin Code		
			City	City New Port Richey FL 34656.			56.	
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office o	r registered agent, or bot	n, in the state of Florida.			
•	~// - h.							
SIGNATURE Claire Makes Aug 31, 2000								
·şiairiane	Signature, typed or printed name of registered agent's	nd title if applicable. (NOTE: I	Registered Agent signs	ture required when remetating)	J. DATI			
	·							
FILE NOW: FEE IS \$61.25 9. Election Campa								
				\$5.00 May Be		k Payable to	1	
After Sept	ember 13, 2000 min. will be \$23			\$5.00 May Be Added to Fees		k Payable to ent of State		
After Sept		16.25 Trust Fund Con		Added to Fees		ent of State	·	
	OFFICERS AND DIR	16.25 Trust Fund Con	11.	Added to Fees ADDITIONS/CH	Departme	ent of State	·	
10. TITLE NAME	OFFICERS AND DIR P CALVIN, JAMES	Trust Fund Con	11. TITLE NAME	Added to Fees ADDITIONS/CH	Departme	ent of State	10	
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Indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made-under cath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

GNATURE:

[Statute | Statute |