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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 10 AM 10:07

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1907202 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NEWMAN, ROGER 5637 MARINE PKWY. NEW PORT RICHEY FL 34656	Name: Claire Mabee Street Address (P.O. Box Number is Not Acceptable): 5637 Marine Parkway City: New Port Richey FL Zip Code: 34656.

8. 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: Claire Mabee — Aug 31, 2000 (DATE)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to *Department of State*

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CALVIN, JAMES 5357 EL CERRO DR NEW PORT RICHEY FL 34655	☐ Delete	Calvin, James - Trustee 5637 Marine Pkwy New Port Richey, FL 34656	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MCNEIL, EARL 3035 BIXLER CT HOLIDAY FL 34690	☒ Delete	V Prace, David 4745 Floramar Terrace New Port Richey, FL 34652	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MABEE, CLAIR 4711 ROWAN RD, APT 408 NEW PORT RICHEY FL 34653	☐ Delete	Mabee, Claire - Trustee 5637 Marine Pkwy New Port Richey, FL 34656	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT SMITH, MARJORIE 5240 SPARROW DR HOLIDAY FL 34690	☒ Delete		☐ Change ☐ Addition 10/10/00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LOEFFLER, ROBERT 8141 AQUILA ST #345 NEW PORT RICHEY FL 34652	☒ Delete	S Kim Femia 4015 Vista Verde Dr. Apt.9 New Port Richey, FL 34655	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCQUEEN, BARBARA 9221 ESTRADIA PL NEW PORT RICHEY FL 34655	☐ Delete	D McQueen, Barbara, Director 5637 Marine Pkwy New Port Richey, FL 34656	☒ Change ☐ Addition

CR2E037 (5/00)

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Claire M Mabee RED — 8/31/2000 (Date) — 727-346-8391 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR