

2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 727231

FILED
May 10, 2010
Secretary of State

Entity Name: COMMUNITY HOSPITAL VOLUNTEERS, INC.

Current Principal Place of Business:

COMMUNITY HOSP. VOLUNTEERS
5637 MARINE PKWY
NEW PORT RICHEY, FL 34656

New Principal Place of Business:

Current Mailing Address:

COMMUNITY HOSP. VOLUNTEERS
5637 MARINE PKWY
NEW PORT RICHEY, FL 34656

New Mailing Address:

FEI Number: 59-1907202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARK, RAE
5637 MARINE PKWY
NEW PORT RICHEY, FL 34656 US

Name and Address of New Registered Agent:

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: RAE MARK

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: TADDA, BARBARA
Address: 5637 MARINE PKWY
City-St-Zip: NEW PORT RICHEY, FL 34656

Title: V
Name: ROLLO, FRANK
Address: 5637 MARINE PKWY
City-St-Zip: NEW PORT RICHEY, FL 34656

Title: T
Name: MARK, RAE
Address: 5637 MARINE PKWY
City-St-Zip: NEW PORT RICHEY, FL 34656

Title: S
Name: GROGER, BARBARA
Address: 5637 MARINE PKWY
City-St-Zip: NEW PORT RICHEY, FL 34656

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RAE MARK

T

05/10/2010

Electronic Signature of Signing Officer or Director

Date