

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 15, 2011
Secretary of State

DOCUMENT# 727231

Entity Name: MEDICAL CENTER OF TRINITY VOLUNTEERS, INC.**Current Principal Place of Business:**9330 S.R. 54
TRINITY, FL 34655**New Principal Place of Business:****Current Mailing Address:**9330 S.R. 54
TRINITY, FL 34655**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
9330 S.R. 54
TRINITY, FL 34655 US**Name and Address of New Registered Agent:**SHELFFO, RONALD
9330 S.R. 54
TRINITY, FL 34655 US

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: RONALD SHELFFO

11/15/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MCAFEE, ROBERT
Address: 9330 S.R. 54
City-St-Zip: TRINITY, FL 34655

Title: VP
Name: ROLLO, FRANK
Address: 9330 S.R. 54
City-St-Zip: TRINITY, FL 34655

Title: T
Name: SHELFFO, RONALD
Address: 9330 S.R. 54
City-St-Zip: TRINITY, FL 34655

Title: S
Name: CORONA, BARBARA
Address: 9330 S.R. 54
City-St-Zip: TRINITY, FL 34655

Title: D
Name: SIDDIQI, GAIL
Address: 9330 S.R. 54
City-St-Zip: TRINITY, FL 34655

Title: D
Name: GROGER, BARBARA
Address: 9330 S.R. 54
City-St-Zip: TRINITY, FL 34655

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: RONALD SHELFFO

T

11/15/2011

Electronic Signature of Signing Officer or Director

Date