FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H07554 (9)

1. Corporation Name
OAK HILL COMMUNITY HOSPITAL VOLUNTEERS, INC.

Principal Place of Business	Mailing Address
11375 CORTEZ BLVD. SPRING HILL FL 34613-5409	11375 CORTEZ BLVD. SPRING HILL FL 34613-5409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/12/1984
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: 59-2472574 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TAYLOR, DENNIS
7343 ROYAL OAK DR
SPRING HILL FL 34607

10. Name and Address of New Registered Agent

81 Name: PETERSON, ROBERT
82 Street Address (P.O. Box Number is Not Acceptable): 12337 Spreading Oak
83
84 City: Spring Hill FL 85 Zip Code: 34609

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Robert K. Peterson 5-5-95
(Required: Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when furnishing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☐ Change ☐ Addition
NAME	TAYLOR, DENNIS	12 NAME	Peterson, Robert
STREET ADDRESS	11375 CORTEZ BLVD.	13 STREET ADDRESS	12337 Spreading Oak
CITY-ST-ZIP	SPRING HILL FL	14 CITY-ST-ZIP	Spring Hill, Fl. 34609
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	HOBBS, BETTY	22 NAME	
STREET ADDRESS	9294 GERONA ST.	23 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	V ☒ Change ☐ Addition
NAME	SMITH, MARY M	32 NAME	MIRITELLO, GABRIEL
STREET ADDRESS	3355 IRONDALE AVE	33 STREET ADDRESS	8180 WOODEN DR.
CITY-ST-ZIP	SPRING HILL FL	34 CITY-ST-ZIP	SPRING HILL, FL.
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	SHULL, WALTER	42 NAME	
STREET ADDRESS	3257 ABELINE RD	43 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	MICKLEY, JOYCE	52 NAME	
STREET ADDRESS	8075 STOCKHOLM ST.	53 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Walter M. Shull Walter M. Shull 4-21-95 (904) 596-6632 Ext. 3271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0370180 CP