


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90033 040 ***150.00

DOCUMENT # 1. Entity Name	H 07554	
OAK HILL HOSPITAL VOLUNTEER ASSOC., INC.		

DO NOT WRITE IN THIS SPACE

44020027

2. Principal Place of Business 11375 Cortez Blvd.		3. Mailing Address P.O. Box 5300	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Spring Hill, Florida		City & State Spring Hill, Florida	
Zip 34611	Country USA	Zip 34611	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-2472574		Applied For <input type="checkbox"/>
			Not Applicable <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
		Name	Lois Kavalunas
		Street Address (P.O. Box Number is Not Acceptable)	11375 Cortez Blvd.
			Spring Hill, FL 34611
		City	FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Lois Kavalunas Lois Kavalunas, Pres. 3/12/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO Mickey Smith 11375 Cortez Blvd. Spring Hill, FL 34611	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lois Kavalunas 11375 Cortez Blvd. Spring Hill, FL 34611	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Diane Schneider 11375 Cortez Blvd. Spring Hill, FL 34611	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ruth Surles 11375 Cortez Blvd. Spring Hill, FL 34611	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Phyllis Chiswell 11375 Cortez Blvd. Spring Hill, FL 34611	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE: Phyllis M. Chiswell Phyllis Chiswell 3/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Treasurer** Date **(352) 596-6632, X3639**

CR2E034B (12/02)