FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # L92215 (7)

1. Corporation Name
COLUMBIA REGIONAL MEDICAL CENTER BAYONET POINT V OLUNTEERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
14000 FIVAY RD HUDSON FL 34667-7103	14000 FIVAY RD HUDSON FL 34667-7103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/09/1990

2. Principal Place of Business (21):

2a. Mailing Address (26):

Suite, Apt. #, etc. (22):

Suite, Apt. #, etc. (27):

City & State (23):

City & State (28):

Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: 59-3043544 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RICE, THOMAS
14000 FIVAY ROAD
HUDSON FL 34667

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RICE, THOMAS		1.2 NAME		
STREET ADDRESS	14000 FIVAY ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	HUDON FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HYRES, CHRIS		2.2 NAME		
STREET ADDRESS	14000 FIVAY RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL		2. 4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DURAND, KAY		3.2 NAME		
STREET ADDRESS	14000 FIVAY ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL		3.4. CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WHITEMORE, JOHN		4. 2 NAME		
STREET ADDRESS	1400 FIVAY RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	HUDOSN FL		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CHAMLIN, JEANNE		5.2 NAME		
STREET ADDRESS	1400 FIVAY RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	POTTS, CONNIE		6.2 NAME		
STREET ADDRESS	14000 FIVAY RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL		6.4 CITY-ST-ZIP		

14. 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 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 [signature] Thomas J. Rice 4-17-98 (813) 869-5414

CR2E034 (10/97)