

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007975

FILED
Jan 08, 2010
Secretary of State

Entity Name: THE FRIENDS OF VOLUNTEERS IN MEDICINE CLINIC, INC.

Current Principal Place of Business:

417 SE BALBOA AVENUE
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

417 SE BALBOA AVENUE
STUART, FL 34994

New Mailing Address:

FEI Number: 65-1064420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLASS, DOROTHEA MD
417 SE BALBOA AVENUE
STUART, FL 34994 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DB
Name: GLASS, DOROTHEA MD
Address: 417 SE BALBOA AVENUE
City-St-Zip: STUART, FL 34994

Title: DB
Name: BAGNUOLO, WILLIAM MD
Address: 417 SE BALBOA AVENUE
City-St-Zip: STUART, FL 34994

Title: DB
Name: MCCONNELL, MARTIN
Address: 417 SE BALBOA AVENUE
City-St-Zip: STUART, FL 34994

Title: CFO
Name: CLEAVER, CHARLES
Address: 417 BALBOA AVENUE
City-St-Zip: STUART, FL 34994

Title: DS
Name: HALL, GRACE RN
Address: 414 SE BALBOA AVENUE
City-St-Zip: STUART, FL 34994

Title: DB
Name: TOZZO, PELLEGRINO MD
Address: 417 SE BALBOA AVENUE
City-St-Zip: STUART, FL 34994

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: DOROTHEA GLASS, MD

DB

01/08/2010

Electronic Signature of Signing Officer or Director

Date