2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# N01000004357

Entity Name: VOLUNTEERS IN MEDICINE CLINIC, INC.

Current Principal Place of Business:

417 SE BALBOA AVE
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

417 SE BALBOA AVE
STUART, FL 34994 US

New Mailing Address:

FEI Number: 65-1115793 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VOSS, HOWARD E MD
417 SE BALBOA AVE
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: DV
Name: PHILLIPS, CHARLES MD
Address: 417 SE BALBOA AVE
City-St-Zip: STUART, FL 34994

Title: DP
Name: VOSS, HOWARD MD
Address: 417 SE BALBOA AVE
City-St-Zip: STUART, FL 34994

Title: DB
Name: SWANSON, PAUL MD
Address: 417 SE BALBOA AVE
City-St-Zip: STUART, FL 34994 US

Title: DB
Name: TSARNAS, ELIZABETH ARNP
Address: 417 SE BALBOA AVENUE
City-St-Zip: STUART, FL 34994 US

Title: DST
Name: FIELDS, MARY
Address: 417 SE BALBOA AVENUE
City-St-Zip: STUART, FL 34994 US

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: MARY FIELDS DST 01/05/2012
Electronic Signature of Signing Officer or Director Date