NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 10:03

DOCUMENT # N09694 (3)
Corporation Name

THE FLORIDA VOLUNTARY HOSPITAL POLITICAL ACTION COMMITTEE, INC.

Principal Place of Business	Mailing Address
%E. WAYNE NESMITH 315 S CALHOUN STREET, SUITE 808 TALLAHASSEE FL 32301	%E. WAYNE NESMITH 315 S CALHOUN STREET, SUITE 808 TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/11/1985
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-2502142 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

24 Principal Place of Business	Suite, Apt. #, etc	City & State	Zip	25 Country

26 Mailing Address	Suite, Apt. #, etc	City & State	29 Zip	30 Country
	27	28		

9. Name and Address of Current Registered Agent

NESMITH, E. WAYNE
315 S CALHOUN STREET
SUITE 808
TALLAHASSEE FL 32301

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	ST	1.1 TITLE	☐ Change ☐ Addition
NAME	CARVALHO, ANTHONY P	1.2 NAME	
STREET ADDRESS	315 S. CALHOUN ST., SUITE 808	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	NATHAN, JAMES R.	2.2 NAME	
STREET ADDRESS	2776 CLEVELAND AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	NESMITH, E. WAYNE	3.2 NAME	
STREET ADDRESS	STE 808 BARNETT BANK BLD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BOZARD, JOHN W.	4.2 NAME	
STREET ADDRESS	92 W. MILLER STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MORRISON, RICHARD E.	5.2 NAME	
STREET ADDRESS	601 E. ROLLINS ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	C ☐ Change ☐ Addition
NAME		6.2 NAME	Sacco, Frank V.
STREET ADDRESS		6.3 STREET ADDRESS	3501 Johnson Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Hollywood, FL 33021

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wayne Nesmith Wayne NeSmith 4/5/95 (904)222-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000182