

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000003835 (4)

1. Corporation Name

VICTIM TRAUMA CARE, INC.

Principal Place of Business

307 EAST LAKESHORE DRIVE  
TALLAHASSEE FL 32312

Mailing Address

307 EAST LAKESHORE DRIVE  
TALLAHASSEE FL 32312



3. Date Incorporated or Qualified

08/11/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 515 John Knox Road

26 515 John Knox Road

4. FEI Number

59-3364396

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Tallahassee, Florida

28 Tallahassee, Florida

Zip

Country

Zip

Country

24 32303

25 Leon

29 32303

30 Leon

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALENTINE, PAMELA V M.S.W.  
307 EAST LAKESHORE DRIVE  
TALLAHASSEE FL 32312

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent; and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE ☐ Change ☒ Addition  
12 NAME P/D  
13 STREET ADDRESS Pamela V. Valentine, MSW D  
14 CITY-ST-ZIP 307 E. Lakeshore Drive  
Tallahassee, FL 32312

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

21 TITLE ☐ Change ☒ Addition  
22 NAME V  
23 STREET ADDRESS Thomas E. Smith, PhD D  
24 CITY-ST-ZIP 3472 Foley Dr.  
Tallahassee, FL 32308

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE ☐ Change ☒ Addition  
32 NAME T/S  
33 STREET ADDRESS James Hobby D  
34 CITY-ST-ZIP 3514 Dundalk Dr.  
Tallahassee, FL 32308

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS 100001786251  
54 CITY-ST-ZIP -04/18/96--01114--009

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS \*\*\*70.00  
64 CITY-ST-ZIP

14. 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-96

422-2125

CR2E037 (12/95)