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FILED

Feb 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N95000003835 (4)**

1. Corporation Name

VICTIM TRAUMA CARE, INC.

Principal Place of Business

Mailing Address

**515 JOHN KNOX ROAD
TALLAHASSEE FL 32303****515 JOHN KNOX ROAD
TALLAHASSEE FL 32303-4117**3. Date Incorporated or Qualified
08/11/19953a. Date of Last Report
04/18/1996

2. Principal Place of Business

2a. Mailing Address

21 275 John Knox Road**26 275 John Knox Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Apt. # JJ101**27 Apt. # JJ101**

City & State

City & State

23 Tallahassee FL**28 Tallahassee FL**

Zip

Country

Zip

Country

24 32303**25 Leon****29 32303****30 Leon**

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

Valentine, Pamela V. M.S.W.

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

275 John Knox Road

83

Apt. # JJ101

84 City

Tallahassee**FL**

85 Zip Code

32303

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 **PD** ☐ DELETE
NAME **VALENTINE, PAMELA V**
STREET ADDRESS **307 E LAKESHORE DRIVE**
CITY - ST - ZIP **TALLAHASSEE FL 32312**1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Valentine, Pamela V**
1.3 STREET ADDRESS **275 John Knox Road Apt. # JJ101**
1.4 CITY - ST - ZIP **Tallahassee FL 32303**TITLE **VD** ☐ DELETE
NAME **SMITH, THOMAS E**
STREET ADDRESS **3472 FOLEY DR**
CITY - ST - ZIP **TALLAHASSEE FL 32308**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE **TSD** ☐ DELETE
NAME **HOBBY, JAMES**
STREET ADDRESS **3514 DUNDALK DR**
CITY - ST - ZIP **TALLAHASSEE FL 32308**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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 # 0007827

CR2E037 (9/96)