

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90211 048 ****61.25

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1. Corporation Name

**VOLUNTEERS OF CHARLOTTE REGIONAL MEDICAL CENTER
INC.**

Principal Place of Business

809 EAST MARION AVENUE
PUNTA GORDA FL 33950

Mailing Address

809 EAST MARION AVENUE
PUNTA GORDA FL 33950



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

09/25/1995

4. FEI Number

65-0620537

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

9. Name and Address of Current Registered Agent

HOFFMAN, DIANA L
23295 FULLERTON AVE
PT CHARLOTTE FL 33980

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 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
SHORE, FRANK
526 VIA CINTIA
PUNTA GORDA FL 33950

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD
WEITZ, WILLIAM
10316 ARROWHEAD DR
PUNTA GORDA FL 33955

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD
HICKS, MILDRED
23033 WESTCHESTER BLVD, F316
PT CHARLOTTE FL 33980

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD
KINSMAN, HELEN A
3250 SULSTONE DR
PUNTA GORDA FL 33983

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
HOFFMAN, DIANA L
23295 FULLERTON AVE
PT CHARLOTTE FL 33980

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Blank

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
FRANK SHORE

4/6/99

941-637-2520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)