

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N95000004580**

1. Entity Name

**VOLUNTEERS OF CHARLOTTE REGIONAL MEDICAL CENTER**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0620537**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	SHORE, FRANK	
STREET ADDRESS	526 VIA CINTIA	
CITY-ST-ZIP	PUNTA GORDA FL 33950	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Delete
NAME	WEITZ, WILLIAM	
STREET ADDRESS	10316 ARROWHEAD DR	
CITY-ST-ZIP	PUNTA GORDA FL 33955	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	HICKS, MILDRED	
STREET ADDRESS	23033 WESTCHESTER BLVD, F316	
CITY-ST-ZIP	PT CHARLOTTE FL 33980	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	KINSMAN, HELEN A	
STREET ADDRESS	3250 SULSTONE DR	
CITY-ST-ZIP	PUNTA GORDA FL 33983	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	HOFFMAN, DIANA L	
STREET ADDRESS	23295 FULLERTON AVE	
CITY-ST-ZIP	PT CHARLOTTE FL 33980	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:****SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Mildred G. Hicks 2/13/01****941-637-2520**

Date

Daytime Phone #

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90083 035 \*\*\*\*\*61.25

**C0021916**

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)