


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 29, 2006 8:00 am**  
**Secretary of State**

08-29-2006 90002 013 \*\*\*\*61.25

<b>DOCUMENT #</b> N95000004580	
<b>1. Entity Name</b> VOLUNTEERS OF CHARLOTTE REGIONAL MEDICAL CENTER INC.	

<b>Principal Place of Business</b> 809 EAST MARION AVENUE PUNTA GORDA FL 33950	<b>Mailing Address</b> 809 EAST MARION AVENUE PUNTA GORDA FL 33950
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

<b>4. FEI Number</b> 65-0620537	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>



2nd MOORE CR2E037 (4/06)

<b>6. Name and Address of Current Registered Agent</b> LLEVADA JERONE, MARIVEE I. 2424 S. CRANBERRY BLVD. NORTH PORT FL 34286	<b>7. Name and Address of New Registered Agent</b> Name: <u>SKINNER, ERIN E.</u> Street Address (P.O. Box Number is Not Acceptable): <u>22293 NYACK AVE.</u> City: <u>Port Charlotte</u> FL Zip Code: <u>33952</u>
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**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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE: Erin E. Skinner (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By September 6, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SMITH, ALLEN 2608 RIO GRANDE DR PUNTA GORDA FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP VALLEE, RICHARD 12687 KINGSWAY CIRCLE SW LAKE SUZY FL 34269 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KATINSKY, JEAN 24324 BUCKINGHAM WAY PT CHARLOTTE FL 33980 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SHORE, FRANK 526 VIA CINTIA PORT CHARLOTTE FL 33980 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LLEVADA JEROME, MARIVEE I. 2424 S. CRANBERRY BLVD. NORTH PORT FL 34286 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Faye L. Tiffany Faye L. Tiffany 8/18/2006 941-740-9191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #