

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004580

FILED
Jul 15, 2009
Secretary of State

Entity Name: VOLUNTEERS OF CHARLOTTE REGIONAL MEDICAL CENTER INC.

Current Principal Place of Business:

809 EAST MARION AVENUE
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

809 EAST MARION AVENUE
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 65-0620537 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HOFFMAN, DIANA
23295 FULLERTON AVE
PORT CHARLOTTE, FL 33980 US

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ERRTH, HENRY
Address: 511 TABELLIA TREE
City-St-Zip: PUNTA GORDA, FL 33955

Title: VP () Delete
Name: SMITH, ALLEN
Address: 2608 RIO GRANDE DR.
City-St-Zip: PUNTA GORDA, FL 33950

Title: SD () Delete
Name: KATINSKY, JEAN
Address: 24324 BUCKINGHAM WAY
City-St-Zip: PT CHARLOTTE, FL 33980

Title: TD () Delete
Name: LASLEY, JOAN
Address: 25188 MARION AVE R-19
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: HOFFMAN, DIANA
Address: 23295 FULLERTON AVE
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: TD (X) Delete
Name: FAVE, TIFFFANY L
Address: 26436 FEATHERSOUND DR.
City-St-Zip: PUNTA GORDA, FL 33955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: LASLEY, JOAN
Address: 25188 MARION AVE V-19
City-St-Zip: PUNTA GORDA, FL 33950

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANA HOFFMAN

DIR

07/15/2009

Electronic Signature of Signing Officer or Director

Date