

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004580

FILED
Mar 01, 2011
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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
Name: ERRTH, HENRY
Address: 511 TABELLIA TREE
City-St-Zip: PUNTA GORDA, FL 33955

Title: VP
Name: VALLEE, RICHARD
Address: 12637 SW KINGSWAY CIRCLE
City-St-Zip: LAKE SUZY, FL 34269

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DIANA HOFFMAN

D

03/01/2011

Electronic Signature of Signing Officer or Director

Date