

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90163 023 \*\*\*\*61.25

**DOCUMENT # N95000004580**  
1. Entity Name  
**VOLUNTEERS OF CHARLOTTE REGIONAL MEDICAL CENTER  
INC.**



Principal Place of Business Mailing Address  
**809 EAST MARION AVENUE 809 EAST MARION AVENUE**  
**PUNTA GORDA FL 33950 PUNTA GORDA FL 33950**

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

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

**7. Name and Address of New Registered Agent**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>SHORE, FRANK</b>	
STREET ADDRESS	<b>526 VIA CINTIA</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>WEITZ, WILLIAM</b>	
STREET ADDRESS	<b>10316 ARROWHEAD DR</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL 33955</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>KATINSKY, JEAN</b>	
STREET ADDRESS	<b>24324 BUCKINGHAM WAY</b>	
CITY-ST-ZIP	<b>PT CHARLOTTE FL 33980</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>SHORE, FRANK</b>	
STREET ADDRESS	<b>526 VIA CINTIA</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33980</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOFFMAN, DIANA L</b>	
STREET ADDRESS	<b>23295 FULLERTON AVE</b>	
CITY-ST-ZIP	<b>PT CHARLOTTE FL 33980</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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* **Diana L. Hoffman** 4-28-03 (941) 637-2520

CR2E037 (10/02)