

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000002520

FILED
Oct 25, 2004
Secretary of State**Entity Name:** THE VOLUNTEER AUXILIARIES OF REGIONAL HEALTHCARE, INCORPORATED**Current Principal Place of Business:**1244 MARINER BLVD
SPRING HILL, FL 34609**New Principal Place of Business:**10461 QUALITY DRIVE
SPRING HILL, FL 34609**Current Mailing Address:**1244 MARINER BLVD
SPRING HILL, FL 34609**New Mailing Address:**10461 QUALITY DRIVE
SPRING HILL, FL 34609**FEI Number:** 65-0737001 **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:**NORRIS, KAY
1244 MARINER BLVD
SPRING HILL, FL 34609 US**Name and Address of New Registered Agent:**NORRIS, KAY
10461 QUALITY DRIVE
SPRING HILL, FL 34609 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: KAY NORRIS

10/25/2004

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** D () Delete
Name: RUSSELL, BEVERLY
Address: 7065 SPANISH MOSS LANE
City-St-Zip: BROOKSVILLE, FL 34601**Title:** RS () Delete
Name: KELLY, HELEN
Address: 7094 LEXINGTON CIRCLE
City-St-Zip: BROOKSVILLE, FL 34602**Title:** D () Delete
Name: BARCLAY, MARION
Address: 14615 BROOKSVILLE BLVD
City-St-Zip: BROOKSVILLE, FL 34613**Title:** CS () Delete
Name: MEADE, ISABELLA
Address: 12342 ELGIN BLVD
City-St-Zip: BROOKSVILLE, FL 34609**Title:** D () Delete
Name: THAYER, KAY
Address: 458 ROGERS AVENUE
City-St-Zip: BROOKSVILLE, FL 34601**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: BOYLE, SHIRLEY
Address: 8255 COUNTRY CLUB DIRVE
City-St-Zip: BROOKSVILLE, FL 34613**Title:** () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition**Title:** S (X) Change () Addition
Name: BARCLAY, MARION
Address: 14615 BROOKSVILLE BLVD
City-St-Zip: BROOKSVILLE, FL 34613**Title:** CS (X) Change () Addition
Name: COLE, ARLENE
Address: 16370 REUBEN DRIVE
City-St-Zip: BROOKSVILLE, FL 34601**Title:** VP (X) Change () Addition
Name: STARK, PAUL
Address: 2092 CULBREATH LOT A-1
City-St-Zip: BROOKSVILLE, FL 34601

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHIRLEY BOYLE

P

10/25/2004

Electronic Signature of Signing Officer or Director_____
Date