

**FILED**  
**Jun 22, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N99000002520

1. Entity Name  
THE VOLUNTEER AUXILIARIES OF REGIONAL  
HEALTHCARE, INCORPORATED

Principal Place of Business  
10461 QUALITY DRIVE  
SPRING HILL, FL 34609

Mailing Address  
10461 QUALITY DRIVE  
SPRING HILL, FL 34609

2. Principal Place of Business

3. Mailing Address

Suite Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NORRIS, KAY  
10461 QUALITY DRIVE  
SPRING HILL, FL 34609

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

*Kay Norris*

6/20/06

DATE

Filing Fee Is \$61/25  
Due by May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

RS  
KELLY, HELEN  
7094 LEXINGTON CIRCLE  
BROOKSVILLE, FL 34602

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

S  
BARCLAY, MARION  
14615 BROOKSVILLE BLVD  
BROOKSVILLE, FL 34613

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

CS  
COLE, ARLENE  
16370 REUBEN DRIVE  
BROOKSVILLE, FL 34601

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

VP  
SHEY, ROBERT  
6497 AMBER RIDGE CIRCLE  
BROOKSVILLE, FL 34601

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

P  
STARK, PAUL  
2092 CULBREATH LOT A-1  
BROOKSVILLE, FL 346016121

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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CITY-STATE-ZIP

☐ Change ☐ Addition

2. 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: *Marion Barclay*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/06

Date

Daytime Phone #