2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2009
Secretary of State

DOCUMENT# N99000002520

Entity Name: THE VOLUNTEER AUXILIARIES OF REGIONAL HEALTHCARE, INCORPORATED

Current Principal Place of Business:

10461 QUALITY DRIVE
SPRING HILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

10461 QUALITY DRIVE
SPRING HILL, FL 34609

New Mailing Address:

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:

BATTLE, GWENDOLYN
10461 QUALITY DRIVE
SPRING HILL, FL 34609 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: T ( ) Delete
Name: KNOWLES, ROBERT
Address: 11010 MATTERHORN CT
City-St-Zip: SPRING HILL, FL 34608

Title: S ( ) Delete
Name: JOHNSON, JUDITH
Address: 387 MARTINA DR
City-St-Zip: SPRING HILL, FL 34609

Title: CS ( ) Delete
Name: BURNS, BETTY
Address: 4228 SURFSIDE CIR
City-St-Zip: SPRING HILL, FL 34606

Title: VP ( ) Delete
Name: MEYER, EVELYN
Address: 6451 HOLIDAY DR
City-St-Zip: SPRING HILL, FL 34606

Title: P ( ) Delete
Name: FANEUF, LEO
Address: 10415 FAIRCHILD RD
City-St-Zip: SPRING HILL, FL 34608

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: VP (X) Change ( ) Addition
Name: BURGES, PATRICIA
Address: 11390 DEERCROFT COURT
City-St-Zip: SPRING HILL, FL 34609

Title: P (X) Change ( ) Addition
Name: BALLARD, ANN
Address: 175 OAK LAKE DRIVE
City-St-Zip: SPRING HILL, FL 34608

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: GWENDOLYN BATTLE MS. 08/17/2009

Electronic Signature of Signing Officer or Director — Date