2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002520

FILED May 05, 2010 Secretary of State

Entity Name: THE VOLUNTEER AUXILIARIES OF REGIONAL HEALTHCARE, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

10461 QUALITY DRIVE SPRING HILL, FL 34609

Current Mailing Address: 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.

US

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BATTLE, GWENDOLYN 10461 QUALITY DRIVE SPRING HILL, FL 34609

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:

Name: MALLOY, ANN
Address: 10461 QUALITY DRIVE
City-St-Zip: SPRING HILL, FL 34609

Title: S

Name: JOHNSON, JUDITH
Address: 387 MARTINA DR
City-St-Zip: SPRING HILL, FL 34609

Title: CS

 Name:
 BURNS, BETTY

 Address:
 4228 SURFSIDE CIR

 City-St-Zip:
 SPRING HILL, FL 34606

Title: VP

Name: BURGES, PATRICIA

Address: 11390 DEERCROFT COURT City-St-Zip: SPRING HILL, FL 34609

Title: F

Name: BALLARD, ANN
Address: 175 OAK LAKE DRIVE
City-St-Zip: SPRING HILL, FL 34608

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: GWENDOLYN BATTLE COOR 05/05/2010