2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002520

FILED May 07, 2012 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 17240 CORTEZ BLVD. SPRING HILL, FL 34609 BROOKSVILLE, FL 34601

Current Mailing Address: New Mailing Address:

10461 QUALITY DRIVE 17240 CORTEZ BLVD BROOKSVILLE, FL 34601 SPRING HILL, FL 34609

FEI Number: 65-0737001 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BATTLE, GWENDOLYN SCHNEIDER, ROBIN 17240 CORTEZ BLVD 10461 QUALITY DRIVE SPRING HILL, FL 34609 US BROOKSVILLE, FL 34601 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: ROBIN SCHNEIDER 05/07/2012

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

BURNS, WILLIAM Name: Address: 17240 CORTEZ BLVD. City-St-Zip: BROOKSVILLE, FL 34601

Title:

Name: WISSICK, WES Address: 17240 CORTEZ BLVD. City-St-Zip: BROOKSVILLE, FL 34601

Title:

MAGARIO, JOAN Name: 17240 CORTEZ BLVD. Address: City-St-Zip: BROOKSVILLE, FL 34601

Title: AS

Name: MALONE, ROSE 17240 CORTEZ BLVD. Address: City-St-Zip: BROOKSVILLE, FL 34601

Title:

MILLER, ROSARITA Name: 17240 CORTEZ BLVD. Address: City-St-Zip: BROOKSVILLE, FL 34601

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: ROBIN SCHNEIDER, DIRECTOR OF VOLUNTEERS

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05/07/2012