
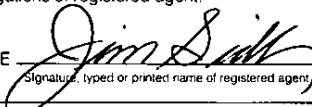
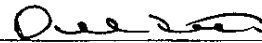


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 04, 2008 8:00 am**  
**Secretary of State**

08-04-2008 90033 007 \*\*\*\*61.25

<b>DOCUMENT # N99000006336</b>			
1. Entity Name ST. VINCENT DE PAUL COMMUNITY HEALTH CARE, INC.			
Principal Place of Business 1282 MARKET CIRCLE, UNIT 6 PORT CHARLOTTE, FL 33953		Mailing Address 1282 MARKET CIRCLE, UNIT 6 PORT CHARLOTTE, FL 33953	
2. Principal Place of Business - No P.O. Box # <i>21450 GIBRALTER DR</i>		3. Mailing Address <i>P.O. Box 381193</i>	
Suite, Apt. #, etc. <i>SUITE 1</i>		Suite, Apt. #, etc.	
City & State <i>PORT CHARLOTTE FL</i>		City & State <i>MURDOCK, FL</i>	
Zip <i>33952</i>		Zip <i>33938</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 65-0958642		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RINGENBERGER, PAUL D 1282 MARKET CIR UNIT 6 PORT CHARLOTTE, FL 33953		7. Name and Address of New Registered Agent Name <i>JIM SIDBURY</i> Street Address (P.O. Box Number is Not Acceptable) <i>21450 GIBRALTER DR., SUITE 1</i> City <i>PORT CHARLOTTE</i> FL Zip Code <i>33952</i>	
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 		DATE	
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 P NAME MATZKO, MAURA E STREET ADDRESS 3656 TURTLEDOVE BLVD. CITY-ST-ZIP PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete	TITLE PRESIDENT NAME KLEIN, DAVID M. STREET ADDRESS 1820 JAMAICA WAY CITY-ST-ZIP PUNTA GORDA, FL 33983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME THRASHER, CONNIE STREET ADDRESS 3431 BAY RIDGE WAY CITY-ST-ZIP PORT CHARLOTTE, FL 33953	<input checked="" type="checkbox"/> Delete	TITLE TREASURER / DIRECTOR NAME CAPPIELLO, THOMAS STREET ADDRESS 26146 RAMPART BLVD CITY-ST-ZIP PUNTA GORDA, FL 33983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME KLEIN, MICHAEL STREET ADDRESS 146 MECCA STREET CITY-ST-ZIP PORT CHARLOTTE, FL 33954	<input checked="" type="checkbox"/> Delete	TITLE VICE PRESIDENT / DIRECTOR NAME CZELVINSKI, NOREEN STREET ADDRESS 2710 BAY COURT CITY-ST-ZIP PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME ASPERILLA, MARK O STREET ADDRESS 4040 LEA MARIE CITY-ST-ZIP PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Delete	TITLE DIRECTOR NAME MATZKO, MAURA E. STREET ADDRESS 3656 TURTLE DOVE BLVD. CITY-ST-ZIP PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME KLEIN, DAVID M STREET ADDRESS 1820 JAMAICA WAY CITY-ST-ZIP PUNTA GORDA, FL 33983	<input checked="" type="checkbox"/> Delete	TITLE DIRECTOR NAME BYRSKI, MARY A. STREET ADDRESS 164 ANGOL STREET CITY-ST-ZIP PUNTA GORDA, FL 33953	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME CAPPIELLO, THOMAS STREET ADDRESS 8780 SPRING MOUNTAIN WAY CITY-ST-ZIP FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete	TITLE DIRECTOR NAME ASPERILLA, MARK O. STREET ADDRESS 4040 LEA MARIE CITY-ST-ZIP PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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: 		Date <i>7/28/08</i> Daytime Phone # <i>764-0035</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			