

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727231

Entity Name: VOLUNTEERS OF HCA FLORIDA TRINITY HOSPITAL INC.**Current Principal Place of Business:**9330 S.R. 54
TRINITY, FL 34655**Current Mailing Address:**9330 S.R. 54
VOLUNTEERS
TRINITY, FL 34655 US**FEI Number:** 59-1907202**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PIANESE, JOSEPH S TREASURER
9330 S.R. 54
VOLUNTEERS
TRINITY, FL 34655 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:** JOSEPH PIANESE

03/10/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title DIRECTOR
Name TILFORD, BOBBY
Address 9330 S.R. 54
City-State-Zip: TRINITY FL 34655Title TREASURER
Name PIANESE, JOSEPH
Address 9330 S.R. 54
VOLUNTEERS
City-State-Zip: TRINITY FL 34655Title DIRECTOR
Name GELLER, JUDITH
Address 9330 S.R. 54
City-State-Zip: TRINITY FL 34655Title PRESIDENT
Name WALLEN, RORY
Address 9330 S.R. 54
City-State-Zip: TRINITY FL 34655Title DIRECTOR
Name TADDA, BARBARA
Address 9330 S.R. 54
City-State-Zip: TRINITY FL 34655Title DIRECTOR
Name MARTINEZ, CECI
Address 9330 S.R. 54
City-State-Zip: TRINITY FL 34655Title SECRETARY
Name DURKO, CHERI
Address 9330 S.R. 54
City-State-Zip: TRINITY FL 34655Title DIRECTOR
Name CIECHOSKI, LYNDIA
Address 9330 S.R. 54
City-State-Zip: TRINITY FL 34655**Continues on page 2**

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: JOSEPH PIANESE

TREASURER

03/10/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	VOLUNTEEN REPRESENTATIVE
Name	MURPHY, LINDA	Name	ASHANKARAN, SURY
Address	9330 S.R. 54	Address	9330 S.R. 54
City-State-Zip:	TRINITY FL 34655	City-State-Zip:	TRINITY FL 34655