2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2024
Secretary of State
9654238664CC

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:

WILLIAMS, MARTHA 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: MARTHA S. WILLIAMS 03/09/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR
Name	TILFORD, BOBBY
Address	9330 S.R. 54
City-State-Zip:	TRINITY FL 34655

Title	DIRECTOR
Name	GELLER, JUDITH
Address	9330 S.R. 54
City-State-Zip:	TRINITY FL 34655

Title	DIRECTOR
Name	TADDA, BARBARA
Address	9330 S.R. 54
City-State-Zip:	TRINITY FL 34655

Title	SECRETARY
Name	DURKO, CHERI
Address	9330 S.R. 54
City-State-Zip:	TRINITY FL 34655

Title	TREASURER
Name	WILLIAMS, MARTHA
Address	9330 S.R. 54 VOLUNTEERS
City-State-Zip:	TRINITY FL 34655

Title	PRESIDENT
Name	WALLEN, RORY
Address	9330 S.R. 54
City-State-Zip:	TRINITY FL 34655

Title	DIRECTOR
Name	MARTINEZ, CECI
Address	9330 S.R. 54
City-State-Zip:	TRINITY FL 34655

Title	DIRECTOR
Name	CIECHOSKI, LYNDA
Address	9330 S.R. 54
City-State-Zip:	TRINITY FL 34655

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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: MARTHA S. WILLIAMS TREASURER 03/09/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

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