

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000006336

**FILED**  
**Feb 20, 2015**  
**Secretary of State**  
**CC6692145712**

**Entity Name:** ST. VINCENT DE PAUL COMMUNITY HEALTH CARE, INC.

**Current Principal Place of Business:**

21297 OLEAN BLVD UNIT B  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

21297 OLEAN BLVD  
B  
PT CHARLOTTE, FL 33952 US

**FEI Number:** 65-0958642

**Certificate of Status Desired:** No

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

LUNA, MONICA  
21297 OLEAN BLVD UNIT B  
PORT CHARLOTTE, FL 33952 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:** MONICA LUNA

02/20/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name ROBERTS, M. SUZANNE M.ED  
Address 21297 OLEAN BLVD UNIT B  
City-State-Zip: PORT CHARLOTTE FL 33952

Title DIRECTOR  
Name FINKELSTEIN, BURT  
Address 7156 DEL LAGO DRIVE  
City-State-Zip: SARASOTA FL 34238

Title MEDICAL DIRECTOR  
Name ASPERILLA, MARK ODR  
Address 4040 LEA MARIE  
City-State-Zip: PORT CHARLOTTE FL 33952

Title PRESIDENT  
Name LUNA, MONICA  
Address 21297 OLEAN BLVD UNIT B  
City-State-Zip: PORT CHARLOTTE FL 33952

Title SECRETARY  
Name YOUNG, CHEYENNE  
Address 21297 OLEAN BLVD UNIT B  
City-State-Zip: PORT CHARLOTTE FL 33952

Title TREASURER  
Name LISCUM, KELLY  
Address 21297 OLEAN BLVD UNIT B  
City-State-Zip: PORT CHARLOTTE FL 33952

Title DIRECTOR  
Name SHORTZ, JOSEPH  
Address 21297 OLEAN BLVD UNIT B  
City-State-Zip: PORT CHARLOTTE FL 33952

Title VP  
Name TIBBETT, CHERYL  
Address 21297 OLEAN BLVD UNIT B  
City-State-Zip: PORT CHARLOTTE FL 33952

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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:** ROBERTS , M. SUZANNE M.ED

CEO

02/20/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name RUPERT, RYAN  
Address 21297 OLEAN BLVD UNIT B  
City-State-Zip: PORT CHARLOTTE FL 33952

Title DIRECTOR  
Name ARMSTRONG, DARLENE RN  
Address 21297 OLEAN BLVD UNIT B  
City-State-Zip: PORT CHARLOTTE FL 33952

Title DIRECTOR  
Name HAWLEY, BILL COO  
Address 21297 OLEAN BLVD UNIT B  
City-State-Zip: PORT CHARLOTTE FL 33952