

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006336

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:

PO BOX 494190
PT CHARLOTTE, FL 33949 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

03/02/2016

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

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

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: M. SUZANNE ROBERTS

CEO

03/02/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name NIX, CARLA
Address 7226 N BLUE SAGE
City-State-Zip: PUNTA GORDA FL 33955

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