

2013 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:

P.O. BOX 381193
MURDOCK, FL 33938

FEI Number: 65-0958642

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHANG, ALEX
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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name CHANG, ALEX
Address 21297 OLEAN BLVD UNIT B
City-State-Zip: PORT CHARLOTTE FL 33952

Title VP
Name NEUMANN, MATTHEW REV
Address 21297 OLEAN BLVD
City-State-Zip: PORT CHARLOTTE FL 33952

Title TR
Name DECKER, PEGGY
Address 21297 OLEAN BLVD
City-State-Zip: PORT CHARLOTTE FL 33952

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

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

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

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 M. ED.

CEO

03/23/2013

Electronic Signature of Signing Officer/Director Detail

Date