3-17-97 B-3160 C

FILE NOW: FILING FEE IS $61.25

FILED
Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703865 (6)

1. Corporation Name

JAMES E. HOLMES REGIONAL MEDICAL CENTER AUXILIARY, INC.

Principal Place of Business	Mailing Address
AUXILIARY 1350 HICKORY ST P.O. BOX 321 MELBOURNE FL 32902-7321	AUXILIARY 1350 HICKORY ST P.O. BOX 321 MELBOURNE FL 32902-0321

3. Date Incorporated or Qualified: 04/10/1962
3a. Date of Last Report: 02/12/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-1889057 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROTONDI, AGNES
1007 BUFORD STREET NW
PALM BAY FL 32907

10. Name and Address of New Registered Agent

81 Name: Bill McLellan
82 Street Address (P.O. Box Number is Not Acceptable): 1350 South Hickory St
83
84 City: Melbourne FL 85 Zip Code: 32901

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: William M. McLellan
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	ROTONDI, AGNES		1.2 NAME	Bill McLellan	
STREET ADDRESS	1007 BUFORD STREET NW		1.3 STREET ADDRESS	1350 South Hickory St	
CITY-ST-ZIP	PALM BAY FL		1.4 CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	PD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROTONDI, AGNES		2.2 NAME		
STREET ADDRESS	1007 BUFORD ST., NW		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE	President	☒ Change ☒ Addition
NAME	COMPTON, AUDREY		3.2 NAME	Audrey Compton	
STREET ADDRESS	2164 SHELBY DRIVE		3.3 STREET ADDRESS	26 Cove Rd D	
CITY-ST-ZIP	MELBOURNE FL		3.4 CITY-ST-ZIP	Melbourne Bch 32951	
TITLE	VPD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SOULE, RAE		4.2 NAME		
STREET ADDRESS	2164 SHELBY DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST-ZIP		
TITLE	RS	☐ DELETE	5.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	CAROTHERS, CAROLYN		5.2 NAME	Carolyn Carothers	
STREET ADDRESS	158 SEA PARK BLVD		5.3 STREET ADDRESS	158 Sea Park Blvd D	
CITY-ST-ZIP	SATELLITE BEACH FL		5.4 CITY-ST-ZIP	Satellite Beach, F	
TITLE	CS	☒ DELETE	6.1 TITLE	President Elect	☐ Change ☒ Addition
NAME	RIEPENHOFF, PEGGY		6.2 NAME	Carolyn Mast	
STREET ADDRESS	433 HAWTHORNE COURT		6.3 STREET ADDRESS	2153 Royal Dr D	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL		6.4 CITY-ST-ZIP	W. Melbourne, FL 32904	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

William M. McLellan, Jr. William M. McLellan