2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State
04-24-2000 90860 001 ***490.00

DOCUMENT # 703865

1. Entity Name

JAMES E. HOLMES REGIONAL MEDICAL CENTER AUXILIAR

Principal Place of Business	Mailing Address
1350 SOUTH HICKORY STREET MELBOURNE FL 32901-3276	8249 DEVEREUX DRIVE MELBOURNE FL 32940-7955

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MATHIAS, DAVID E 8249 DEVEREUX DRIVE MELBOURNE FL 32940-7955	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JOHNSON, SHIRLEY 1350 SOUTH HICKORY STREET MELBOURNE FL 32901	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Jonas, Rita 1350 South Hickory Street Melbourne, FL 32901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BRAINARD, NANCY 1350 SOUTH HICKORY STREET MELBOURNE FL 32901-3276	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CAROTHERS, CAROLYN 1350 SOUTH HICKORY STREET MELBOURNE FL 32901-3276	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (9/99)

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rita Jonas SIGNATURE REQUIRE President 4/10/00 321 434-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Rita Jonas