2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State
04-27-2004 90077 003 ****61.25

94068298

DOCUMENT # 703865

1. Entity Name
JAMES E. HOLMES REGIONAL MEDICAL CENTER
~~AUXILIARARY~~ INC.
AUXILIARY

Principal Place of Business	Mailing Address
1350 SOUTH HICKORY STREET MELBOURNE, FL 32901-3276	6450 US HWY #1 ROCKLEDGE, FL 32955

03302004 Chg-NP CR2E037 (10/03)

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 6450 US HWY #1 ROCKLEDGE, FL 32955	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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DUNTON, SHIRLEY 1350 SOUTH HICKORY STREET MELBOURNE, FL 329013276	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FETES, MARGE 1350 SOUTH HICKORY STREET MELBOURNE, FL 32901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CAROTHERS, CAROLYN 1350 SOUTH HICKORY STREET MELBOURNE, FL 329013276	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KELLY, FLORA 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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LAVANDIER, EDNA 1350 SOUTH HICKORY STREET MELBOURNE, FL 32901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LOESENER, INGRID 1350 SOUTH HICKORY STREET MELBOURNE, FL 32901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MARTENS, HELEN 1350 SOUTH HICKORY STREET MELBOURNE, FL 32901	☐ 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

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: Marjorie Fetes Marge Fetes, President 4/15/04 321-434-4355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #