2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# 703865

Entity Name: JAMES E. HOLMES REGIONAL MEDICAL CENTER AUXILIARY, INC.

Current Principal Place of Business:

1350 SOUTH HICKORY STREET
MELBOURNE, FL 329013276

New Principal Place of Business:

1350 SOUTH HICKORY STREET
MELBOURNE, FL 32901

Current Mailing Address:

6450 US HWY #1
ROCKLEDGE, FL 32955

New Mailing Address:

6450 US HIGHWAY 1
ROCKLEDGE, FL 32955

FEI Number: 59-1889057 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATHIAS, DAVID E
6450 US HWY #1
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

MATHIAS, DAVID E
6450 US HIGHWAY 1
ROCKLEDGE, FL 32955 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: DAVID E. MATHIAS 04/23/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BAUMGARDT, ANGIE
Address: 1350 SOUTH HICKORY ST
City-St-Zip: MELBOURNE, FL 32901

Title: VPD ( ) Delete
Name: WHITEMAN, JESSIE
Address: 1350 SOUTH HICKORY STREET
City-St-Zip: MELBOURNE, FL 32901

Title: S ( ) Delete
Name: ANSCOUGH, CAROLYN
Address: 1350 SOUTH HICKORY ST.
City-St-Zip: MELBOURNE, FL 32901

Title: S ( ) Delete
Name: MCLAURY, SHERELYN
Address: 1350 SOUTH HICKORY ST.
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete
Name: LAVANDIER, EDNA
Address: 1350 SOUTH HICKORY ST.
City-St-Zip: MELBOURNE, FL 32901

Title: TD (X) Delete
Name: ROGERS, MARY
Address: 1350 SOUTH HICKORY ST
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WHITEMAN, JESSIE
Address: 1350 SOUTH HICKORY STREET
City-St-Zip: MELBOURNE, FL 32901

Title: VP (X) Change ( ) Addition
Name: BRAINARD, NANCY
Address: 1350 SOUTH HICKORY STREET
City-St-Zip: MELBOURNE, FL 32901

Title: VP (X) Change ( ) Addition
Name: ROGERS, MARY
Address: 1350 SOUTH HICKORY STREET
City-St-Zip: MELBOURNE, FL 32901

Title: T (X) Change ( ) Addition
Name: PALMER, SHERRY
Address: 1350 SOUTH HICKORY STREET
City-St-Zip: MELBOURNE, FL 32901

Title: S (X) Change ( ) Addition
Name: GAIR, ALAN
Address: 1350 SOUTH HICKORY STREET
City-St-Zip: MELBOURNE, FL 32901

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JESSIE WHITEMAN P 04/23/2009
Electronic Signature of Signing Officer or Director Date