2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90351 018 ****61.25

DOCUMENT # 703865

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

11036783

X CHECK HERE IF MAKING CHANGES

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 6450 U.S. Hwy #1
City & State	City & State Rockledge, FL
Zip / Country	Zip 32955 / Country US

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

MATHIAS, DAVID E
8249 DEVEREUX DRIVE
MELBOURNE FL 32940-7955

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
6450 U.S. Hwy #1

City Rockledge **FL** Zip Code 32955

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

FILE NOW: FEE IS $61.25

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	VPD DUNTON, SHIRLEY 1350 SOUTH HICKORY STREET MELBOURNE FL 32901-3276	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Shirley Dunton	☒ 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	VPD BRAINARD, NANCY 1350 South Hickory Street Melbourne, FL 32901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PARRY, JANE 1350 S HICKORY STREET MELBOURNE FL 32901	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LOESENER, INGRID 1350 South Hickory Street Melbourne, FL 32901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MARTENS, HELEN 1350 South Hickory Street Melbourne, FL 32901	☐ 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

CR2E037 (10/02)

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: Shirley Dunton SHIRLEY DUNTON 4/21/03 [321] 454-5210