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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 705235 (0)

1. Corporation Name

LAKELAND REGIONAL MEDICAL CENTER AUXILIARY, INC.

Principal Place of Business	Mailing Address
LAKELAND HILLS BLVD. P.O. BOX 95448 LAKELAND FL 33804	LAKELAND HILLS BLVD. P.O. BOX 95448 LAKELAND FL 33804-5448

3. Date Incorporated or Qualified: 02/21/1963
3a. Date of Last Report: 04/02/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-1030894 ☐ 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

STEPHENS, JACK T.
1324 LAKELAND HILLS BLVD
LAKELAND FL 33804

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: Lydia McKinney Treasurer — 4/29/97
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	PD	☒ Change ☐ Addition
NAME	TERRY, JEAN		1.2 NAME	KAREN O'HARROW	
STREET ADDRESS	825 FOREST LAKE DRIVE		1.3 STREET ADDRESS	4430 VINSON RD	
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE	PED	☐ DELETE	2.1 TITLE	PED	☐ Change ☒ Addition
NAME	O'HARROW, KAREN		2.2 NAME	MYRTLE PION	
STREET ADDRESS	4430 VINSON ROAD		2.3 STREET ADDRESS	IMPERIAL SOUTHGATE #119	
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	VD	☒ DELETE	3.1 TITLE	VD	☐ Change ☒ Addition
NAME	FELTON, PATRICIA		3.2 NAME	DEE GRADY	
STREET ADDRESS	152 WOODSIDE DRIVE		3.3 STREET ADDRESS	2425 HARDEN BLVD #76	
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP	LAKELAND FL 33802	
TITLE	V	☒ DELETE	4.1 TITLE	V	☐ Change ☒ Addition
NAME	LONDAHL, BURTON		4.2 NAME	ELLEN FELICE	
STREET ADDRESS	21 MISSION HILLS DR		4.3 STREET ADDRESS	1126 ENTERPRISE DR.	
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-ST-ZIP	LAKELAND, FL 33805	
TITLE	S	☒ DELETE	5.1 TITLE	S	☐ Change ☒ Addition
NAME	OGILVIE, ELAINE		5.2 NAME	ALICE CONIBEAR	
STREET ADDRESS	2811 CHABETT ST		5.3 STREET ADDRESS	927 FOREST LAKE DR.	
CITY-ST-ZIP	LAKELAND FL		5.4 CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE	T	☒ DELETE	6.1 TITLE	T	☐ Change ☒ Addition
NAME	MARTIN, OLIVE		6.2 NAME	LYDIA MCKINNEY	
STREET ADDRESS	2025 W DAUGHTERY RD 35		6.3 STREET ADDRESS	2212 SILVER RE DRIVE	
CITY-ST-ZIP	LAKELAND FL		6.4 CITY-ST-ZIP	LAKELAND, FL 33810	

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.

SIGNATURE: LYDIA MCKINNEY, TREASURER — Lydia McKinney — 4/29/97 — (941) 687-0011 Ext. 2705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0052735