2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004
Secretary of State

DOCUMENT# 705235

Entity Name: LAKELAND REGIONAL MEDICAL CENTER AUXILIARY, INC.

Current Principal Place of Business:

LAKELAND HILLS BLVD.
P.O. BOX 95448
LAKELAND, FL 33804

New Principal Place of Business:

Current Mailing Address:

LAKELAND HILLS BLVD.
P.O. BOX 95448
LAKELAND, FL 33804

New Mailing Address:

FEI Number: 59-1030894 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WARD, ROSA M
Address: 10000 US 98 N. #776
City-St-Zip: LAKELAND, FL 33809

Title: PED ( ) Delete
Name: WHITE, JEAN W
Address: 1209 DELEON WAY
City-St-Zip: LAKELAND, FL 33805

Title: VPD ( ) Delete
Name: ESTROFF, JO ANN
Address: 12 LOMA ALTA
City-St-Zip: LAKELAND, FL 33813

Title: VPD ( ) Delete
Name: DOLEN, BILL
Address: 1000 US HIGHWAY 98 N #262
City-St-Zip: LAKELAND, FL 33809

Title: RSD ( ) Delete
Name: ARMOLD, MILDRED L
Address: 2425 HARDEN BLVD. #223
City-St-Zip: LAKELAND, FL 33803

Title: T ( ) Delete
Name: MASON, MARY L
Address: 10000 US 98 N #781
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WARD, ROSA M
Address: 9492 MAX FLY DRIVE
City-St-Zip: LAKELAND, FL 33810

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

Title: VPD (X) Change ( ) Addition
Name: DOLEN, BILL
Address: 9743 CYPRESS LAKES DRIVE
City-St-Zip: LAKELAND, FL 33810

Title: VPD (X) Change ( ) Addition
Name: GILIN, PAT
Address: 4828 LAKELAND HARBOR CIRCLE
City-St-Zip: LAKELAND, FL 33805

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

Title: T (X) Change ( ) Addition
Name: MASON, MARY L
Address: 9480 MAX FLY DRIVE
City-St-Zip: LAKELAND, FL 33810

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROSA WARD PD 04/12/2004

Electronic Signature of Signing Officer or Director — Date