

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 712530 (5)
1. Corporation Name
AUXILIARY OF DOCTORS HOSPITAL OF SARASOTA, INC.



Principal Place of Business Mailing Address
5731 BEE RIDGE RD SARASOTA FL 34233

3. Date Incorporated or Qualified **04/04/1967** 3a. Date of Last Report **02/20/1995**

21 **5731 BEE RIDGE RD** 26 **5731 BEE RIDGE RD**
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **59-1728792** Applied For Not Applicable

22 City & State **SARASOTA, FL** 27 City & State **SARASOTA, FL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **34233** 25 **SARASOTA** 29 **34233** 30 **SARASOTA**
Zip Country Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**GUCKER, JANE MRS
5794 LAKE BREEZE CT
SARASOTA FL 34233**

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 _____ (NOTE: Registered Agent signature required when transferring) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ELSIE, BARR L	
STREET ADDRESS	2436 BREAKWATER CIR	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ELIZABETH, ANDERWS	
STREET ADDRESS	7080 BRIGHT CREEK DR	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CURTISS, JUNE	
STREET ADDRESS	3014 PINECREST ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GUCKER, JANE	
STREET ADDRESS	5794 LAKE BREEZE CT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LORRAINE, HUGES	
STREET ADDRESS	3943 OAKHURST BLVD	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	COATES, DORIS	
STREET ADDRESS	3164 VILLAGE GREEN DR	
CITY-ST-ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOYCE ANDERSON	
1.3 STREET ADDRESS	2909 BISPHAM RD	
1.4 CITY-ST-ZIP	SARASOTA, FL 34233	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ELIZABETH ANDREWS	
2.3 STREET ADDRESS	7080 BRIGHT CREEK DR	
2.4 CITY-ST-ZIP	SARASOTA, FL 34231	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BETTY BLANCHARD	
3.3 STREET ADDRESS	5460 CHAMPAGNE	
3.4 CITY-ST-ZIP	SARASOTA, FL 34235	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JANE GUCKER	
4.3 STREET ADDRESS	5794 LAKE BREEZE CT.	
4.4 CITY-ST-ZIP	SARASOTA, FL 34233	
5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LORRAINE HUGHES	
5.3 STREET ADDRESS	3943 OAKHURST BLVD	
5.4 CITY-ST-ZIP	SARASOTA, FL 34233	
6.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ELEANOR BEMBYN	
6.3 STREET ADDRESS	3778 BONAVENTURE CT	
6.4 CITY-ST-ZIP	SARASOTA, FL 34243	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Jane Gucker* **JANE GUCKER** **2/8/96** **379-4349**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)