

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 ROAD SARASOTA FL 34233 US
5731 BEE RIDGE ROAD SARASOTA FL 34233-5056 US

3. Date Incorporated or Qualified 04/04/1967 3a. Date of Last Report 02/15/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1728792 Applied For Not Applicable
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 Zip Country 29 Zip Country 30 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

10. Name and Address of New Registered Agent

GUCKER, JANE MRS
5794 LAKE BREEZE CT
SARASOTA FL 34233

81 Name MR STEPHEN J. MILLER
82 Street Address (P.O. Box Number is Not Acceptable) 4844 HANGING MOSS LN
83
84 City SARASOTA FL 85 Zip Code 34238

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 Stephen J. Miller CHIEF FINANCIAL OFFICER - TREASURER 1-6-97
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	<input type="checkbox"/> DELETE
NAME	ANDERSON, JOYCE	
STREET ADDRESS	2909 BISPHAM ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ANDREWS, ELIZABETH	
STREET ADDRESS	7080 RIGHT CREEK	
CITY-ST-ZIP	SARASOTA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BLANCHARD, BETTY	
STREET ADDRESS	5450 CHAMPAGNE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	QUCKER, JANE	
STREET ADDRESS	5794 LAKE BREEZE CT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HUGHES, LORRAINE	
STREET ADDRESS	3943 OAKHURST BLVD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SEMEYN, ELEANOR	
STREET ADDRESS	3778 BONAVENTURE CT	
CITY-ST-ZIP	SARASOTA FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BECKER, CHARLES
2.3 STREET ADDRESS	4435 DIAMOND CIRCLE W.
2.4 CITY-ST-ZIP	SARASOTA FL 34233
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MILLER, STEPHEN J.
3.3 STREET ADDRESS	4844 HANGING MOSS LN
3.4 CITY-ST-ZIP	SARASOTA FL 34238
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GUCKER, JANE
4.3 STREET ADDRESS	5794 LAKE BREEZE CT.
4.4 CITY-ST-ZIP	SARASOTA FL 34233
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	AYLOCK, SCOTTY
5.3 STREET ADDRESS	1403 CEDAR BAY LN
5.4 CITY-ST-ZIP	SARASOTA FL 34231
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GARRISON, HARRIET
6.3 STREET ADDRESS	4372 SEDLEY LN
6.4 CITY-ST-ZIP	SARASOTA FL 34241

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: Stephen J. Miller CHIEF FINANCIAL OFFICER - TREASURER 1-6-97 941-923-4143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063019

CR2E037 (9/96)