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**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90109 004 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 712530**

1. Corporation Name  
**AUXILIARY OF DOCTORS HOSPITAL OF SARASOTA, INC.**

Principal Place of Business 5731 BEE RIDGE ROAD SARASOTA FL 34233 US	Mailing Address 5731 BEE RIDGE ROAD SARASOTA FL 34233 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>04/04/1967</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-1728792</b>
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**MILLER, STEPHEN J.**  
**4844 HANGING MOSS LANE**  
**SARASOTA FL 34238**

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PACKER, BEVERLY</b>	
STREET ADDRESS	<b>5700 SEVEN OAKS RD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34241</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BECKER, CHARLES</b>	
STREET ADDRESS	<b>4435 DIAMOND CIRCEL W.</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLER, STEPHEN J.</b>	
STREET ADDRESS	<b>4844 HANGING MOSS LANE</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GUCKER, JANE</b>	
STREET ADDRESS	<b>5794 LAKE BREEZE CT</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>AYCOCK, SCOTTY</b>	
STREET ADDRESS	<b>1403 CEDAR BAY LANE</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>GARRISON, HARRIET</b>	
STREET ADDRESS	<b>4372 SEDLEY LANE</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Winifred G. Kell</b>
4.3 STREET ADDRESS	<b>4542 Longwater Chase</b>
4.4 CITY-ST-ZIP	<b>SARASOTA, FL 34235</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>AURELIA MYERS</b>
5.3 STREET ADDRESS	<b>7245 Woodcreek DR.</b>
5.4 CITY-ST-ZIP	<b>SARASOTA, FL 34231</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: Winifred G. Kell DATE: 2/26/99 (941) 377-0812  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)