

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712530

1. Entity Name

AUXILIARY OF DOCTORS HOSPITAL OF SARASOTA, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90020 033 ****61.25

Principal Place of Business 5731 BEE RIDGE ROAD SARASOTA FL 34233 US	Mailing Address 5731 BEE RIDGE ROAD SARASOTA FL 34233-5056 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1728792	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BECKER, CHARLES W JR. 5731 BEE RIDGE ROAD SARASOTA FL 34233	7. Name and Address of New Registered Agent Name <u>Winifred G. Kell</u> Street Address (P.O. Box Number is Not Acceptable) <u>4542 Longwater Chase</u> City <u>SARASOTA</u> FL Zip Code <u>34235</u>
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8. 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 Winifred G. Kell 02/29/00
Winifred G. Kell - Treasurer
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PACKER, BEVERLY 5700 SEVEN OAKS RD SARASOTA FL 34241 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD MAJETIC 4334 BRECKENRIDGE WAY SARASOTA, FL. 34233 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BECKER, CHARLES 4435 DIAMOND CIRCEL W. SARASOTA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRIET GARRISON 4372 SEDLEY LANE SARASOTA, FL. 34241 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, STEPHEN J. 4844 HANGING MOSS LANE SARASOTA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JEAN COCHRAN 6254 SHEPS ISLAND RD. SARASOTA, FL. 34241 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KELL, WINIFRED G 4542 LONGWATER CHASE SARASOTA FL 34235 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MYERS, AURELIA 7245 WOODCREEK DR SARASOTA FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARRISON, HARRIET 4372 SEDLEY LANE SARASOTA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANN DESPORTES 2203 CIRCLEWOOD DR. SARASOTA, FL. 34231 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: COCHRAN, JEAN 02/29/00 (941) 377-0812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)