

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712530

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: AUXILIARY OF DOCTORS HOSPITAL OF SARASOTA, INC.

**Current Principal Place of Business:**

5731 BEE RIDGE ROAD  
SARASOTA, FL 34233 US

**New Principal Place of Business:**

**Current Mailing Address:**

5731 BEE RIDGE ROAD  
SARASOTA, FL 34233 US

**New Mailing Address:**

FEI Number: 59-1728792      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCKENZIE, IAN T  
5731 BEE RIDGE ROAD  
SARASOTA, FL 34233 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: P ( ) Delete  
Name: WHITE, JOAN  
Address: 5731 BEE RIDGE ROAD  
City-St-Zip: SARASOTA, FL 34233

Title: V ( ) Delete  
Name: WHITE, JOAN  
Address: 5731 BEE RDIGE ROAD  
City-St-Zip: SARASOTA, FL 34233

Title: T ( ) Delete  
Name: MCKENZIE, IAN T  
Address: 5731 BEE RIDGE ROAD  
City-St-Zip: SARASOTA, FL 34233

Title: S ( ) Delete  
Name: JONES, KAY  
Address: 5731 BEE RIDGE ROAD  
City-St-Zip: SARASOTA, FL 34233

Title: AT ( ) Delete  
Name: SEBENS, NITA  
Address: 5731 BEE RIDGE ROAD  
City-St-Zip: SARASOTA, FL 34233

Title: V (X) Delete  
Name: HARDY, BONNIE  
Address: 5731 BEE RIDGE ROAD  
City-St-Zip: SARASOTA, FL 34233

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: V (X) Change ( ) Addition  
Name: GROBEN, WM  
Address: 5731 BEE RDIGE ROAD  
City-St-Zip: SARASOTA, FL 34233

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

Title: S (X) Change ( ) Addition  
Name: HOLDEN, BARBARA  
Address: 5731 BEE RIDGE ROAD  
City-St-Zip: SARASOTA, FL 34233

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: IAN MC KENZIE

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

T

01/14/2009

\_\_\_\_\_ Date