FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 23 AM 9:09

DOCUMENT # 728413 (6)

1. Corporation Name

SEBASTIAN RIVER MEDICAL CENTER AUXILIARY, INC.

Principal Place of Business	Mailing Address
13695 US HIGHWAY 1 P.O. BOX 780638 SEBASTIAN FL 32978	13695 US HIGHWAY 1 P.O. BOX 780638 SEBASTIAN FL 32978

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1973
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-2403865 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GANTER, HELEN E.
386 COLUMBUS STREET
SEBASTIAN FL 32958

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 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	GANTER, HELEN	1.2 NAME		
STREET ADDRESS	386 COLUMBUS ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	V	☒ Change ☐ Addition
NAME	FREDERICKS, GEORGE	2.2 NAME	HULSART, WILLIAM	
STREET ADDRESS	927 HEMLOCK ST	2.3 STREET ADDRESS	717 Gladiolus Drive	
CITY-ST-ZIP	BAREFOOT BAY FL	2.4 CITY-ST-ZIP	Barefoot Bay, Fl. 32976	
TITLE	S	3.1 TITLE	S	☒ Change ☐ Addition
NAME	THOMPSON, GLORIA	3.2 NAME	BEWERSDORF, RUTH	
STREET ADDRESS	7560 AGAWAM RD	3.3 STREET ADDRESS	844 Vocelle Ave.	
CITY-ST-ZIP	MICCO FL	3.4 CITY-ST-ZIP	Sebastian, Fl. 32958	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	PROCTOR, ROBERT	4.2 NAME		
STREET ADDRESS	134 DICKSON ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	WALOTKA, ERVIN	5.2 NAME		
STREET ADDRESS	620 BALBOA ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D.	☒ Change ☐ Addition
NAME	HULSART, WILLIAM	6.2 NAME	STEVENS, EILEEN	
STREET ADDRESS	717 GLADIOLUS DR	6.3 STREET ADDRESS	775 E. Lark Drive	
CITY-ST-ZIP	BAREFOOT BAY FL	6.4 CITY-ST-ZIP	Barefoot Bay, Fl. 32976	

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)(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: Helen E. Ganter — Helen E. Ganter — 1/16/95 — (407)589-3186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037080

Sebastian River Medical Center
Auxiliary, Inc.
13695 U.S. Highway 1
Sebastian, Florida 32958

January 16, 1995

Additional Officer and Directors:

T
POOLE, Mary
1108 Indigo Drive
Barefoot Bay, Fl. 32976

D
SPEET, FERNE
228 E. Bill Allen Circle
Sebastian, Fl. 32958

D
McCOOL, MELBA
320 Pineapple St.
Sebastian, Fl. 32958

D
UNGER, DOLORES
1416 Laconia St.
Sebastian, Fl. 32958