

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90029 009 ****61.25

DOCUMENT # 728413

1. Entity Name

SEBASTIAN RIVER MEDICAL CENTER AUXILIARY, INC.



Principal Place of Business

**13695 US HIGHWAY 1
P.O. BOX 780838
SEBASTIAN FL 32978**

Mailing Address

**13695 US HIGHWAY 1
P.O. BOX 780838
SEBASTIAN FL 32978**

60005243



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2403865**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WISE, ROBERT G
1040 WEST LAKEVIEW DR
SEBASTIAN FL 32958**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WISE, ROBERT G
1040 W LAKEVIEW DR
SEBASTIAN FL 32958** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
GANter, HELEN
386 COLUMBUS STREET
SEBASTIAN FL 32958** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
FREDRICKS, GEORGE
927 HEMLOCK
BAREFOOT BAY FL 32976** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
RAND, JEAN
1216 CALUSA
BAREFOOT FL 32976** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RYAN, ROBERTA
823 S SEAGULL
BAREFOOT BAY FL 32976** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FREDERICKS, GEORGE
927 HEMLOCK
BAREFOOT BAY FL 32976** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MEERMAN, MARYJANE
9180 100TH CT
VERO BEACH FL 32967** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KRAUSE, BEVERLY
903 SWEET BAY
SEBASTIAN FL 32958** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: **Robert G. Wise**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03 772-589-3186

CR2E037 (10/02)