

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **731133** (5)

1. Corporation Name

ORANGE PARK MEDICAL CENTER AUXILIARY, INC.



Principal Place of Business 2001 KINGSLEY AVENUE PO BOX 2000 ORANGE PARK FL 32073	Mailing Address 2001 KINGSLEY AVENUE PO BOX 2000 ORANGE PARK FL 32073
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Country
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3. Date Incorporated or Qualified 11/18/1974	
4. FEI Number 59-2248556	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent KOPELOUSOS, JOHN ESQ. 1279 KINGSLEY AVE., SUITE 118 ORANGE PARK FLORIDA FL 32073
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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 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 N/A (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	NAME	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	MUSIELAK, HELEN J	
CITY-ST-ZIP	1539 LEESTAN CTR ORANGE PARK FL	
TITLE	NAME	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	PD HORNE, MARY JO	
CITY-ST-ZIP	2875 HOLLYPOINT RD EAST ORANGE PARK FL	
TITLE	NAME	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	MCLANE-CARTER, BEULAH	
CITY-ST-ZIP	334 OLD JENNINGS ROAD ORANGE PARK FL 32065	
TITLE	NAME	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	VP FELTZ, BEVERLY	
CITY-ST-ZIP	606 PARK AVENUE APT 110 ORANGE PARK FL	
TITLE	NAME	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	S NIVEN SYLVIA	
CITY-ST-ZIP	1117 ARBOR CIR ORANGE PARK FL	
TITLE	NAME	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	Jewel T. Futch	
CITY-ST-ZIP	1761 Fiddler's Ridge Drive Orange, Park, FL 32073-7241	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	McLane-Carter, Beulah	
1.3 STREET ADDRESS	334 Old Jennings Rd	
1.4 CITY-ST-ZIP	Orange Park, FL 32065	
2.1 TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Musielak, Helen	
2.3 STREET ADDRESS	1539 Leeston Ct	
2.4 CITY-ST-ZIP	Orange Park, FL 32073	
3.1 TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jensen, Marjorie	
3.3 STREET ADDRESS	919 Ridge wall Ct	
3.4 CITY-ST-ZIP	Orange Park, FL 32065	
4.1 TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VP Feltz, Beverly	
4.3 STREET ADDRESS	606 Park Ave Apt 110	
4.4 CITY-ST-ZIP	Orange Park FL 32073	
5.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Jewel T. Futch	
5.3 STREET ADDRESS	1761 Fiddler's Ridge Dr	
5.4 CITY-ST-ZIP	Orange Park, FL	
6.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Stahl, Dolores	
6.3 STREET ADDRESS	4118 Pinto Rd	
6.4 CITY-ST-ZIP	Middleburg, FL 32068	

14. 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 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 N/A DATE 11/23/97

CR2E037 (10/97)