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Feb 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 734223 (1)

1. Corporation Name

COLUMBIA MEDICAL CENTER - OSCEOLA AUXILIARY, INC

Principal Place of Business	Mailing Address
700 W. OAK ST. PO BOX 422589 KISSIMMEE FL 34742	700 W. OAK ST. PO BOX 422589 KISSIMMEE FL 34742

3. Date Incorporated or Qualified: 10/31/1975

4. FEI Number: 59-1687353 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

EHRENBERG, MARY
1200 PATRICIA CIRCLE
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name: LOIS HAYDEN

82 Street Address (P.O. Box Number is Not Acceptable): 2315 KELLIE ANN CT.

83

84 City: KISSIMMEE, FL 85 Zip Code: 34741

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: Lois Hayden DATE: 2-10-98

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HAYDEN, LOIS 2315 KELLIE ANN CT KISSIMMEE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VD DOROTHY HEAD 1729 WESTERN REDWOOD KISSIMMEE, FL. 34758	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT DEGROOT, ANN 1537 VENICE CT KISSIMMEE FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	CS BETTY MARTIN 12551 BRITWELL CT. ORLANDO, FL. 32821	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCHWEITZER, GERTRUDE 1001 PLANTATION DR., A-1 KISSIMMEE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS THOMPSON, JANE 28 PINE ISLAND CIRLCE KISSIMMEE FL 34743	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VT GEORGIA WHARTON 4130 BLACK POWDER WAY KISSIMMEE, FL 34746	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

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: Georgia Wharton RECEIVED 2-13-98 870-7344