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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **734223**

1. Corporation Name

OSCEOLA REGIONAL MEDICAL CENTER 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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	10/31/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1687353 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. *Election Campaign Financing* Trust Fund Contribution ☐ **$5.00** *May Be* Added to Fees

9. Name and Address of Current Registered Agent

HAYDEN, LOIS
2315 KELLIE ANN CT
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name: ANN DEGROOT
82 Street Address (P.O. Box Number is Not Acceptable): 1537 VENICE COURT
83
84 City: KISSIMMEE **FL** 85 Zip Code: 34746

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: ANN E. DEGROOT Ann E. DeGroot DATE: 1/19/99
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	VD	☒ DELETE	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	HEAD, DOROTHY		1.2 NAME	FRANCIS ROGALSKI	
STREET ADDRESS	1729 WESTERN REDWOOD		1.3 STREET ADDRESS	771 SQUIRREL COURT	
CITY-ST-ZIP	KISSIMMEE FL 34758		1.4 CITY-ST-ZIP	KISSIMMEE, FL. 34759	
TITLE	VT - T	☐ DELETE	2.1 TITLE	VT	☒ Change ☐ Addition
NAME	WHARTON, GOERGIA		2.2 NAME	VIRGINIA BOCCHINO	
STREET ADDRESS	4130 BLACK POSDER WAY		2.3 STREET ADDRESS	627 CADDY DRIVE	
CITY-ST-ZIP	KISSIMMEE FL 34746		2.4 CITY-ST-ZIP	KISSIMMEE, FL. 34759	
TITLE	T	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHWEITZER, GERTRUDE		3.2 NAME		
STREET ADDRESS	1001 PLANTATION DR., A-1		3.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		3.4 CITY-ST-ZIP		
TITLE	CS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN, BETTY		4.2 NAME		
STREET ADDRESS	12551 BRITWELL CT.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32821		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Georgia Wharton SIGNATURE REQUIRED GEORGIA WHARTON - TREAS 1-14-99 407-518-3907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #