2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State
03-21-2000 90027 026 ****61.25

DOCUMENT # 734223

1. Entity 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 34742-2589

DO NOT WRITE IN THIS SPACE

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 59-1687353 ☐ 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
DEGROOT, ANN 1537 VENICE CT. KISSIMMEE FL 34746	Name: FRANCIS ROGALSKI Street Address (P.O. Box Number is Not Acceptable): 771 SQUIRREL COURT City: KISSIMMEE FL Zip Code: 34759

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.

SIGNATURE FRANCIS ROGALSKI Francis J. Rogalski 2/5/2000
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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROGALSKI, FRANCIS 771 SQUIRREL CT. KISSIMMEE FL 34759	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JUDY DUNHAM 2470 Winfield Drive Kissimmee, Fl. 34743	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT WHARTON, GOERGIA 4130 BLACK POSDER WAY KISSIMMEE FL 34746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT DARLENE SAMPLES 1023 Tony Circle St. Cloud, Fl. 34772	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT BOCCHINO, VIRGINIA 627 CADDY DR. KISSIMMEE FL 34759	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS MARTIN, BETTY 12551 BRITWELL CT. ORLANDO FL 32821	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: DARLENE SAMPLES Darlene Samples 3/17/2000 407 518-3907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #