2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State
02-10-2002 90057 009 ****61.25

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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

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
ROGALSKI, FRANCIS 771 SQUIRREL CT KISSIMMEE FL 34759	Name: Gloria Brathwaite Street Address (P.O. Box Number is Not Acceptable): 434 Lytton Circle Orlando, Fl. 32824 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.

SIGNATURE: Gloria Brathwaite — Gloria Brathwaite — 1/17/02
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	T DUNHAM, JUDY 2470 WINFIELD DR KISSIMMEE FL 34743	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 Gerald Harland 1746 Conifer Avenue Kissimmee, Fl. 34741 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BRATWAITE, GLORIA 434 LYTTON CIRCLE ORLANDO FL 32824	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Frank Rogalski 771 Squirrel Ct. Kissimmee, Fl. 34759 ☒ 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	CS Karen Doolittle 331 Azincourt Lane Kissimmee, Fl. 34759-3455 ☒ 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 (9/01)

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: SIGNATURE REQUIRED Judy Dunham, Treasurer — 1/17/02 — 407-518-3907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #