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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 757302 (5)
1. Corporation Name
COLUMBIA MEDICAL CENTER - SANFORD AUXILIARY, INC



Principal Place of Business Mailing Address
1401 W SEMINOLE BLVD SANFORD FL 32771
1401 W SEMINOLE BLVD SANFORD FL 32771-6737

3. Date Incorporated or Qualified 03/30/1981
3a. Date of Last Report 03/16/1996
4. FEI Number 59-2698937
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
LEFILS, GREGORY
815 S. VOLUSIA AVENUE 1650AK Ave
ORANGE CITY FL 32783

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FLORAY, DOROTHY	
STREET ADDRESS	1170 BAYON DR BAYON	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, GRACE	
STREET ADDRESS	102 PAR PLACE	
CITY-ST-ZIP	LAKE MARY FL 32746 MARY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BACK, JANE	
STREET ADDRESS	1170 ELKCAM BLVD #9	
CITY-ST-ZIP	DELTONA FL 32725 DELTONA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	AVENEL, EDITH	
STREET ADDRESS	708 BAYWOOD CIRCLE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	RIDENOUR, BEATRICE	
STREET ADDRESS	1970 MELSIRE AVE.	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T THELMA B SMITH
4.3 STREET ADDRESS	622 W PLANTATION BLVD
4.4 CITY-ST-ZIP	LAKE MARY, FL 32746
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	S MARY HELEN JONES
5.3 STREET ADDRESS	2340 E TIMBERCREST DR
5.4 CITY-ST-ZIP	DELTONA, FL 32738
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	V P BOB JONES
6.3 STREET ADDRESS	711 E 1ST ST 14W
6.4 CITY-ST-ZIP	SANFORD, FL 32771

14. I do 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: THELMA B SMITH 3/5/97 407 332-1488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0014636

CR2E037 (9/96)