

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90024 013 \*\*\*\*61.25

**DOCUMENT # N01293**

1. Entity Name

**HEART OF FLORIDA REGIONAL MEDICAL CENTER  
AUXILIARY INC.**



Principal Place of Business

**40100 US Highway 27  
PO BOX 35  
HAINES CITY FL 33845-0035  
US**

Mailing Address

**HEART OF FLA. HOSPITAL  
POST OFFICE BOX 35  
HAINES CITY FL 33845-0035  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

4. FEI Number

**59-2373159**

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

**GOOD, SHIRLEY  
158 PALISADES DR  
DAVENPORT FL 33837**

Name

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Shirley Good Treas.*

*2-9-04*

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  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete  
NAME SWAIN, IRMA D  
STREET ADDRESS PO BOX 65  
CITY-ST-ZIP HAINES CITY FL 33395

TITLE ☒ Change ☐ Addition  
NAME President  
STREET ADDRESS Connie Primeau  
CITY-ST-ZIP 200 Steamboat Blvd  
Davenport FL 33897

TITLE ☐ Delete  
NAME PE  
STREET ADDRESS CRILLY, MARK  
CITY-ST-ZIP 1107 HIGH VISTA DR  
FORT LAUDERDALE FL 33339

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME GOOD, SHIRLEY  
STREET ADDRESS 158 PALISADES DR  
CITY-ST-ZIP DAVENPORT FL 33837

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME RS  
STREET ADDRESS WRIGHT, DORIS  
CITY-ST-ZIP 118 ARROWHEAD LANE  
HAINES CITY FL 3844

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME VPD  
STREET ADDRESS PRIMEAU, CONNIE  
CITY-ST-ZIP 200 STEAM BOAT BLVD  
FORT LAUDERDALE FL 33339

TITLE ☒ Change ☐ Addition  
NAME Vice President  
STREET ADDRESS Phyllis Scheck  
CITY-ST-ZIP 3332 Paulette Dr  
Haines City FL 33844

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Connie Primeau - President*

*Feb 4, 04*

*(863) 422-4971 x 4271*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #