

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01293

FILED
Feb 07, 2012
Secretary of State

Entity Name: HEART OF FLORIDA REGIONAL MEDICAL CENTER AUXILIARY INC.

Current Principal Place of Business:

40100 US HIGHWAY 27
DAVENPORT, FL 33837 US

New Principal Place of Business:

Current Mailing Address:

235 LOMA DEL SOL DR.
DAVENPORT, FL 33896 US

New Mailing Address:

FEI Number: 59-2373159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

METTINGER, JUDITH
235 LOMA DEL SOL DR.
DAVENPORT, FL 33896 US

Name and Address of New Registered Agent:

MAZELIN, HARRY J
1101 W COMMERCE AVE LOT 116
HAINES CITY, FL 33844 US

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: HARRY J. MAZELIN

02/07/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: MAZELIN, HARRY J
Address: 1101 W COMMERCE AVE LOT 116
City-St-Zip: HAINES CITY, FL 33844

Title: VP
Name: CUMISKEY, ROBERT
Address: 66 BUTLER BLVD.
City-St-Zip: HAINES CITY, FL 33844

Title: V
Name: MURPHY, CATHARINE
Address: 727 MAJESTY DRIVE
City-St-Zip: DAVENPORT, FL 33837

Title: T
Name: MAKI, BARBARA
Address: 4465 TURNBERRY LANE
City-St-Zip: LAKE WALES, FL 33859

Title: AT
Name: TAYLOR, ANDREA
Address: 710 GARBERIA DR
City-St-Zip: HAINES CITY, FL 33837

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HARRY J. MAZELIN

PRES

02/07/2012

Electronic Signature of Signing Officer or Director

Date