

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 19, 2009
Secretary of State**

DOCUMENT# N04000002457

Entity Name: LAKEWOOD RANCH MEDICAL CENTER AUXILIARY, INCORPORATED

Current Principal Place of Business:

8340 LAKEWOOD RANCH BLVD
BRADENTON, FL 34202

New Principal Place of Business:

Current Mailing Address:

8330 LAKEWOOD RANCH BLVD
BRADENTON, FL 34202

New Mailing Address:

FEI Number: 06-1719766 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: COP () Delete
Name: RILEY, MARK
Address: 8330 LAKEWOOD RANCH BLVD
City-St-Zip: BRADENTON, FL 34207

Title: S () Delete
Name: RUSSELL, ANN
Address: 8330 LAKEWOOD RANCH BLVD
City-St-Zip: BRADENTON, FL 34207

Title: T () Delete
Name: VEITCH, RICHARD
Address: 8330 LAKEWOOD RANCH BLVD
City-St-Zip: BRADENTON, FL 34202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: RILEY, MARK
Address: 8330 LAKEWOOD RANCH BLVD
City-St-Zip: BRADENTON, FL 34207

Title: COP (X) Change () Addition
Name: HAFlich, PRISCILLA
Address: 8330 LAKEWOOD RANCH BLVD
City-St-Zip: BRADENTON, FL 34207

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RICHARD VEITCH

T

04/19/2009

Electronic Signature of Signing Officer or Director

Date