FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # N23868 (5)

1. Corporation Name

SANTA ROSA MEDICAL CENTER AUXILIARY, INC.

Principal Place of Business	Mailing Address
1450 BERRYHILL ROAD ~~406 OAK STREET~~ MILTON FL 32570 US	1450 BERRYHILL ROAD ~~406 OAK STREET~~ MILTON FL 32570 US

2. Principal Place of Business	2a. Mailing Address
21 1450 BERRYHILL RD	26 1450 BERRYHILL RD
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27 ~~MILTON, FL~~
City & State 23 MILTON, FL	City & State 28 32570 MILTON, FL
Zip 24 32570 / Country 25 US	Zip 29 32570 / Country 30 US

3. Date Incorporated or Qualified: 12/14/1987
3a. Date of Last Report: 03/03/1995
4. FEI Number: 59-2847957 — ☐ 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

9. Name and Address of Current Registered Agent

BYROM, JENNIFER
310 ELMIRA STR
MILTON FL 32570

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	P	☑ DELETE
NAME	WARD, BECKIE	
STREET ADDRESS	1716 FAIRCLOTH	
CITY-ST-ZIP	MILTON FL	
TITLE	V	☑ DELETE
NAME	BAXLEY, BETTIE	
STREET ADDRESS	6576 ABBIE LN	
CITY-ST-ZIP	MILTON FL	
TITLE	T	☐ DELETE
NAME	GRIFFITH, PEGGY	
STREET ADDRESS	914 LARK AVENUE	
CITY-ST-ZIP	MILTON FL	
TITLE	D	☐ DELETE
NAME	LEWIS, DOT	
STREET ADDRESS	144-A HINOTE ST.	
CITY-ST-ZIP	MILTON FL	
TITLE	D	☐ DELETE
NAME	WARD, BECKIE	
STREET ADDRESS	5764 HERMITAGE	
CITY-ST-ZIP	MILTON FL	
TITLE	D	☑ DELETE
NAME	MCMAHON, GLORIA	
STREET ADDRESS	5 STARHILL DR	
CITY-ST-ZIP	MILTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☐ Change ☑ Addition
1.2 NAME	Bodenstein, ANN	
1.3 STREET ADDRESS	795 WARD BASIN Rd	
1.4 CITY-ST-ZIP	MILTON, FL 32583	
2.1 TITLE	V	☐ Change ☑ Addition
2.2 NAME	Robertson, ELbA	
2.3 STREET ADDRESS	408 Conecuh St	
2.4 CITY-ST-ZIP	MILTON, FL 32570	
3.1 TITLE	D	☐ Change ☑ Addition
3.2 NAME	DONOVAN, Rudy	
3.3 STREET ADDRESS	912 LAKEWOOD DR.	
3.4 CITY-ST-ZIP	MILTON, FL 32570	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Peggy Griffith Peggy Griffith 1/22/96 904-626-5032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #