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FILED

Jan 24 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 RD.  
MILTON FL 32570  
US1450 BERRYHILL RD.  
MILTON FL 32570-4042  
US3. Date Incorporated or Qualified  
12/14/19873a. Date of Last Report  
01/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-2847957Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BYROM, JENNIFER  
310 ELMIRA STR  
MILTON FL 32570

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	BODENSTEIN, ANN	
STREET ADDRESS	795 WARD BASIN RD.	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROBERTSON, ELBA	
STREET ADDRESS	408 CONECUH ST.	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GRIFFITH, PEGGY	
STREET ADDRESS	914 LARK AVENUE	
CITY-ST-ZIP	MILTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, DOT	
STREET ADDRESS	144-A HINOTE ST.	
CITY-ST-ZIP	MILTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WARD, BECKIE	
STREET ADDRESS	5764 HERMITAGE	
CITY-ST-ZIP	MILTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DONOVAN, RUDY	
STREET ADDRESS	912 LAKEWOOD DR	
CITY-ST-ZIP	MILTON FL 32570	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Elba Robertson	
1.3 STREET ADDRESS	408 Conecuh Street	
1.4 CITY-ST-ZIP	Milton, FL 32570	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Louise Egler	
2.3 STREET ADDRESS	5124 Westport Drive	
2.4 CITY-ST-ZIP	Milton, FL 32570	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Ann Bodenstein	
4.3 STREET ADDRESS	795 Ward Basin Road	
4.4 CITY-ST-ZIP	Milton, FL 32583	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jean Hill	
5.3 STREET ADDRESS	1853 Black Road	
5.4 CITY-ST-ZIP	Milton, FL 32570	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

Peggy Griffith  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0074420

CR2E037 (9/96)