

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90013 038 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N23868

1. Corporation Name
SANTA ROSA MEDICAL CENTER AUXILIARY, INC.

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| Principal Place of Business 1450 BERRYHILL RD. MILTON FL 32570 US | Mailing Address 1450 BERRYHILL RD. MILTON FL 32570 US |
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|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 12/14/1987 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-2847957 |
| City & State 23 | City & State 28 | Applied For Not Applicable |
| Zip 25 | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 29 | Country 30 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

| | |
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| 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 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBERTSON, ELBA | 1.2 NAME | |
| STREET ADDRESS | 408 CONEJUH ST | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MILTON FL | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EGLER, LOUISE | 2.2 NAME | |
| STREET ADDRESS | 5124 WESTPORT DR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MILTON FL | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRIFFITH, PEGGY | 3.2 NAME | |
| STREET ADDRESS | 914 LARK AVENUE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MILTON FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LEWIS, DOT | 4.2 NAME | PHILLIPS, PATTI |
| STREET ADDRESS | 144-A HINOTE ST. | 4.3 STREET ADDRESS | 134 SANTA ROSA DR |
| CITY-ST-ZIP | MILTON FL | 4.4 CITY-ST-ZIP | PACE, FL 32571 |
| TITLE | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HILL, JEAN | 5.2 NAME | PINKE, ROSE |
| STREET ADDRESS | 1853 BLACK RD | 5.3 STREET ADDRESS | 1726 WHITMIRE RD |
| CITY-ST-ZIP | MILTON FL | 5.4 CITY-ST-ZIP | MILTON, FL 32570 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 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, with all other like empowered.

SIGNATURE: *Peggy Griffith* SIGNATURE: *PHILLIPS, PATTI* DATE: 1/7/99 DAYTIME PHONE: 850-623-6330

CR2E037 (11/98)