

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90044 020 \*\*\*\*61.25

**DOCUMENT # N23868**

1. Entity Name

**SANTA ROSA MEDICAL CENTER AUXILIARY, INC.**

Principal Place of Business

Mailing Address

1450 BERRYHILL RD.  
 MILTON FL 32570  
 US

1450 BERRYHILL RD.  
 MILTON FL 32570-4042  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2847957**

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BYROM, JENNIFER**  
**310 ELMIRA STR**  
**MILTON FL 32570**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>ROBERTSON, ELBA</del>	
STREET ADDRESS	<del>400 CONEYH ST</del>	
CITY-ST-ZIP	<del>MILTON FL</del>	
TITLE	<del>P</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>EGLER, LOUISE</del>	
STREET ADDRESS	<del>5124 WESTPORT DR</del>	
CITY-ST-ZIP	<del>MILTON FL</del>	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRIFFITH, PEGGY	
STREET ADDRESS	914 LARK AVENUE	
CITY-ST-ZIP	MILTON FL	
TITLE	<del>V</del>	<input type="checkbox"/> Delete
NAME	<del>PHILLIP, PATTI</del>	
STREET ADDRESS	<del>134 SANTA ROSA DR.</del>	
CITY-ST-ZIP	<del>PACE FL 32571</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	PINKE, ROSE	
STREET ADDRESS	1926 WHITMIRE RD	
CITY-ST-ZIP	MILTON FL 32570	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dot Lewis	
STREET ADDRESS	114 Hinote St.	
CITY-ST-ZIP	MILTON, FL 32570	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY OLIVER	
STREET ADDRESS	5325 YANCY DR.	
CITY-ST-ZIP	PACE, FL 32571	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTHA PRESSLEY	
STREET ADDRESS	6415 ASHBOROUGH CT Apt A	
CITY-ST-ZIP	MILTON, FL 32570	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Peggy Griffith RE Peggy Griffith 1/18/00 850-623-6330  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #