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CORPORATION ANNUAL REPORT **1995**

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

FILED
95 FEB 20 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **712530** **(5)**

1. Corporation Name
AUXILIARY OF DOCTORS HOSPITAL OF SARASOTA, INC.

Principal Place of Business	Mailing Address
2750 BAHIA VISTA ST SARASOTA FL 34239	2750 BAHIA VISTA ST SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/04/1967
3a. Date of Last Report: 05/23/1994
4. FEI Number: 59-1728792 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 5731 BEE RIDGE RD	26 5731 BEE RIDGE RD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: SARASOTA, FL	28 City & State: SARASOTA, FL
24 Zip: 34233 25 Country: SARASOTA	29 Zip: 34233 30 Country: SARASOTA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. 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
GUCKER, JANE MRS 5794 LAKE BREEZE CT SARASOTA FL 34233	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 300001411733 -02/21/95--01110--002 84 City ******61.25 FL ******Code 25

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	PD ☑ Change ☐ Addition
NAME	HUGHES, MARY L	12 NAME	ELSIE BARR
STREET ADDRESS	3943 OAKHURST BLVD.	13 STREET ADDRESS	2436 BREAKWATER CIR.
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	VD	21 TITLE	V● ☑ Change ☐ Addition
NAME	BARR, ELSIE	22 NAME	ELIZABETH ANDREWS
STREET ADDRESS	2436 BREAKWATER CIR	23 STREET ADDRESS	7080 BRIGHT CREEK DR
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	VD	31 TITLE	V ☑ Change ☐ Addition
NAME	CURTISS, JULIE	32 NAME	JULIE CURTISS
STREET ADDRESS	3014 PINECREST ST	33 STREET ADDRESS	3014 PINECREST ST
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	DT	41 TITLE	T ☑ Change ☐ Addition
NAME	GUCKER, JANE	42 NAME	JANE GUCKER
STREET ADDRESS	5794 LAKE BREEZE CT	43 STREET ADDRESS	5794 LAKE BREEZE CT
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	SD	51 TITLE	S ☑ Change ☐ Addition
NAME	MYERS, AURELIA G	52 NAME	LORRAINE HUGHS
STREET ADDRESS	7245 WOODCREEK DR	53 STREET ADDRESS	3943 OAKHURST BLVD.
CITY-ST-ZIP	SARASOTA FL	54 CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	SD	61 TITLE	S ☑ Change ☐ Addition
NAME	COATES, DORIS	62 NAME	DORIS COATES
STREET ADDRESS	3164 VILLAGE GREEN DR	63 STREET ADDRESS	3164 VILLAGE GREEN DR
CITY-ST-ZIP	SARASOTA FL	64 CITY-ST-ZIP	SARASOTA, FL 34233

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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: Jane Gucker 2/15/95 378-4348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)
JANE GUCKER