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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/14/1987
3a. Date of Last Report: 02/15/1994
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
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 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 the # applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☐ Change ☑ Addition
NAME	WARD, BECKIE	12 NAME	Ann Bodenstein	
STREET ADDRESS	1716 FAIRCLOTH	13 STREET ADDRESS	795 Ward Basin Road	
CITY-ST-ZIP	MILTON FL	14 CITY-ST-ZIP	Milton, Fl 32570	
TITLE	V	21 TITLE	V	☐ Change ☑ Addition
NAME	BAXLEY, BETTIE	22 NAME	Elba Robertson	
STREET ADDRESS	6576 ABBIE LN	23 STREET ADDRESS	408 Conecuh Street	
CITY-ST-ZIP	MILTON FL	24 CITY-ST-ZIP	Milton, Fl 32570	
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	GRIFFITH, PEGGY	32 NAME		
STREET ADDRESS	914 LARK AVENUE	33 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	LEWIS, DOT	42 NAME		
STREET ADDRESS	144-A HINOTE ST.	43 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	D	☑ Change ☐ Addition
NAME	TALIAFERRO, POLLY	52 NAME	Beckie Ward	
STREET ADDRESS	5 POLARIS DR	53 STREET ADDRESS	5764 Hermitage	
CITY-ST-ZIP	MILTON FL	54 CITY-ST-ZIP	Milton, Fl 32570	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	MCMAHON, GLORIA	62 NAME		
STREET ADDRESS	5 STARHILL DR	63 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL	64 CITY-ST-ZIP		

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)(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 Peggy Griffith 2/28/95 904-626-5032
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #