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Feb 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morikay Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **712530** (5)
1. Corporation Name
AUXILIARY OF DOCTORS HOSPITAL OF SARASOTA, INC.



Principal Place of Business 5731 BEE RIDGE ROAD SARASOTA FL 34233 US	Mailing Address 5731 BEE RIDGE ROAD SARASOTA FL 34233 US
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3. Date Incorporated or Qualified 04/04/1967	
4. FEI Number 59-1728792	Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent MILLER, STEPHEN J. 4844 HANGING MOSS LANE SARASOTA FL 34238	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 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	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME ANDERSON, JOYCE	
STREET ADDRESS 2909 BISPHAM ROAD	
CITY-ST-ZIP SARASOTA FL	
TITLE V	<input type="checkbox"/> DELETE
NAME BECKER, CHARLES	
STREET ADDRESS 4435 DIAMOND CIRCLE W.	
CITY-ST-ZIP SARASOTA FL	
TITLE T	<input type="checkbox"/> DELETE
NAME MILLER, STEPHEN J.	
STREET ADDRESS 4844 HANGING MOSS LANE	
CITY-ST-ZIP SARASOTA FL	
TITLE T	<input type="checkbox"/> DELETE
NAME QUICKER, JANE	
STREET ADDRESS 5794 LAKE BREEZE CT	
CITY-ST-ZIP SARASOTA FL	
TITLE S	<input type="checkbox"/> DELETE
NAME AYCOCK, SCOTTY	
STREET ADDRESS 1403 CEDAR BAY LANE	
CITY-ST-ZIP SARASOTA FL	
TITLE V	<input type="checkbox"/> DELETE
NAME GARRISON, HARRIET	
STREET ADDRESS 4372 SEDLEY LANE	
CITY-ST-ZIP SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME DESORTES, ANN	
1.3 STREET ADDRESS 2203 CIRCLEWOOD DR.	
1.4 CITY-ST-ZIP SARASOTA FL	
2.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME BECKER, CHARLES	
2.3 STREET ADDRESS 4435 DIAMOND CIRCLE W.	
2.4 CITY-ST-ZIP SARASOTA FL	
3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME BEVERLY PACKER	
3.3 STREET ADDRESS 5700 SEVEN OAKS RD	
3.4 CITY-ST-ZIP SARASOTA FL 34241	
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME MARY KRUEGER	
4.3 STREET ADDRESS 3651 LONG MEADOW	
4.4 CITY-ST-ZIP SARASOTA FL 34235	
5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME PAT GLASS	
5.3 STREET ADDRESS 4459 MCINTOSH LAKE	
5.4 CITY-ST-ZIP SARASOTA FL 34233	
6.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME GARRISON, HARRIET	
6.3 STREET ADDRESS 4372 SEDLEY LN.	
6.4 CITY-ST-ZIP SARASOTA FL	

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.

SIGNATURE _____ DATE **1-11-98**

CR2E037 (10/97)

Dep 61.25