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Secretary of State

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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.

Principal Place of Business

1450 BERRYHILL RD.
 MILTON FL 32570
 US

Mailing Address

1450 BERRYHILL RD.
 MILTON FL 32570
 US



2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/14/1987

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

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTSON, ELBA
STREET ADDRESS	408 CONEYH ST
CITY-ST-ZIP	MILTON FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	EGLER, LOUISE
STREET ADDRESS	5124 WESTPORT DR
CITY-ST-ZIP	MILTON FL
TITLE	<input type="checkbox"/> DELETE
NAME	GRIFFITH, PEGGY
STREET ADDRESS	914 LARK AVENUE
CITY-ST-ZIP	MILTON FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, DOT
STREET ADDRESS	144-A HINOTE ST.
CITY-ST-ZIP	MILTON FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	HILL, JEAN
STREET ADDRESS	1853 BLACK RD
CITY-ST-ZIP	MILTON FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PHILLIPS, PATTI
4.3 STREET ADDRESS	134 SANTA ROSA DR
4.4 CITY-ST-ZIP	PAGE, FL 32571
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PINKE, ROSE
5.3 STREET ADDRESS	1726 WHITMIRE RD
5.4 CITY-ST-ZIP	MILTON, FL 32570
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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
PEGGY GRIFFITH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99
 Date

850-623-6330
 Daytime Phone #

CR2E037 (11/98)