

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712530

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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90109 004 ****61.25

176267 - 90109 - 4



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

04/04/1967

4. FEI Number

59-1728792

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

MILLER, STEPHEN J.
4844 HANGING MOSS LANE
SARASOTA FL 34238

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 **D** ☐ DELETE
NAME **PACKER, BEVERLY**
STREET ADDRESS **5700 SEVEN OAKS RD**
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **P** ☐ DELETE
NAME **BECKER, CHARLES**
STREET ADDRESS **4435 DIAMOND CIRCEL W.**
CITY-ST-ZIP **SARASOTA FL**

TITLE **T** ☐ DELETE
NAME **MILLER, STEPHEN J.**
STREET ADDRESS **4844 HANGING MOSS LANE**
CITY-ST-ZIP **SARASOTA FL**

TITLE **T** ☒ DELETE
NAME **GUCKER, JANE**
STREET ADDRESS **5794 LAKE BREEZE CT**
CITY-ST-ZIP **SARASOTA FL**

TITLE **S** ☒ DELETE
NAME **AYCOCK, SCOTTY**
STREET ADDRESS **1403 CEDAR BAY LANE**
CITY-ST-ZIP **SARASOTA FL**

TITLE **V** ☐ DELETE
NAME **GARRISON, HARRIET**
STREET ADDRESS **4372 SEDLEY LANE**
CITY-ST-ZIP **SARSOTA FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

T
Winifred G. Kell
4542 Longwater Chase
SARASOTA, FL 34235

S
AURELIA MYERS
7245 Woodcreek DR.
SARASOTA, FL 34231

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Winifred G. Kell **2/26/99** **(941) 377-0812**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0087467

CR2E037 (11/98)