

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712530

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1728792

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KELL, WINIFRED G
4542 LONGWATER CHANCE
SARASOTA FL 34235

7. Name and Address of New Registered Agent

Name NORMA ROEMBKE

Street Address (P.O. Box Number is Not Acceptable)

4346 CENTER POINTE LANE

City

SARASOTA

FL

Zip Code

34233

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Norma Roembke, NORMA ROEMBKE-T

1/8/2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME MAJETIC, RICHARD
STREET ADDRESS 4334 BRECKENRIDGE WAY
CITY-ST-ZIP SARASOTA FL 34233 ☐ Delete

TITLE P
NAME GARRISON, HARRIET
STREET ADDRESS 4372 SEDLEY LANE
CITY-ST-ZIP SARASOTA FL 34241 ☐ Delete

TITLE T
NAME COCHRAN, JEAN
STREET ADDRESS 6254 SHEPS ISLAND RD.
CITY-ST-ZIP SARASOTA FL 34241 ☐ Delete

TITLE T
NAME KELL, WINIFRED G
STREET ADDRESS 4542 LONGWATER CHASE
CITY-ST-ZIP SARASOTA FL 34235 ☒ Delete

TITLE S
NAME MYERS, AURELIA
STREET ADDRESS 7245 WOODCREEK DR
CITY-ST-ZIP SARASOTA FL 34231 ☒ Delete

TITLE V
NAME GARRISON, HARRIET
STREET ADDRESS 4372 SEDLEY LANE
CITY-ST-ZIP SARASOTA FL ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME NORMA ROEMBKE
STREET ADDRESS 4346 CENTER POINTE LANE
CITY-ST-ZIP SARASOTA, FL. 34233 ☒ Change ☐ Addition

TITLE S
NAME BILLIE H. PHIPPS
STREET ADDRESS 7327 CASS CIRCLE
CITY-ST-ZIP SARASOTA, FL 34231 ☒ Change ☐ Addition

TITLE V
NAME ANN DES PORTES
STREET ADDRESS 3203 CIRCLEWOOD DR.
CITY-ST-ZIP SARASOTA, FL. 34231 ☒ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Norma Roembke, NORMA ROEMBKE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/2001

Date

941-377-8084

Daytime Phone #

CR2E037 (10/00)

0075449

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90017 039 *****61.25



DO NOT WRITE IN THIS SPACE