

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90117 013 ****70.00

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

4. FEI Number

59-1728792

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROEMBKE, NORM
4346 CENTER POINTE LANE
SARASOTA FL 34233

Name

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

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAJETIC, RICHARD	
STREET ADDRESS	4334 BRECKENRIDGE WAY	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GARRISON, HARRIET	
STREET ADDRESS	4372 SEDLEY LANE	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	T	<input type="checkbox"/> Delete
NAME	COCHRAN, JEAN	
STREET ADDRESS	6254 SHEPS ISLAND RD.	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROEMBKE, NORMA	
STREET ADDRESS	4346 CENTER POINTE LANE	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	S	<input type="checkbox"/> Delete
NAME	PHIPPS, BILLIE	
STREET ADDRESS	7327 CASS CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DESORTES, ANN	
STREET ADDRESS	2203 CIRCLEWOOD DR	
CITY-ST-ZIP	SARASOTA FL 34231	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK CHAMPANE	
STREET ADDRESS	4179 PALAU DR	
CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANN DESORTES	
STREET ADDRESS	2203 CIRCLEWOOD DR	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUTH DUNN	
STREET ADDRESS	6726 WILLOW POND LN	
CITY-ST-ZIP	SARASOTA, FL 34240	

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/02

904-377-8084

CR2E037 (9/01)