

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90113 019 ****61.25

DOCUMENT # N23868

1. Entity Name

SANTA ROSA MEDICAL CENTER AUXILIARY, INC.

Principal Place of Business

Mailing Address

**1450 BERRYHILL RD.
 MILTON FL 32570
 US**

**1450 BERRYHILL RD.
 MILTON FL 32570
 US**

2. Principal Place of Business

6002 Berryhill Rd

Suite, Apt. #, etc.

3. Mailing Address

6002 Berryhill Rd

Suite, Apt. #, etc.

City & State

Milton, FL

City & State

Milton, FL

Zip

32570

Country

Zip

32570

Country

4. FEI Number

59-2847957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BYROM, JENNIFER
 310 ELMIRA STR
 MILTON FL 32570**

7. Name and Address of New Registered Agent

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

TITLE ☒ Delete
 NAME **P LEWIS, DOT**
 STREET ADDRESS **114 HINOTE ST**
 CITY-ST-ZIP **MILTON FL 32570**

TITLE ☐ Delete
 NAME **V OLIVER, MARY**
 STREET ADDRESS **5325 YANCY DR**
 CITY-ST-ZIP **PACE FL 32571**

TITLE ☐ Delete
 NAME **T GRIFFITH, PEGGY**
 STREET ADDRESS **914 LARK AVENUE**
 CITY-ST-ZIP **MILTON FL**

TITLE ☐ Delete
 NAME **D NELSON, BERT**
 STREET ADDRESS **5713 LIA DRIVE**
 CITY-ST-ZIP **MILTON FL 32570**

TITLE ☐ Delete
 NAME **D PINKE, ROSE**
 STREET ADDRESS **1926 WHITMIRE RD**
 CITY-ST-ZIP **MILTON FL 32570**

TITLE ☒ Delete
 NAME **S PRESSLEY, MARTHA**
 STREET ADDRESS **6415 ASHBOROUGH CT, APT A**
 CITY-ST-ZIP **MILTON FL 32570**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
 NAME **V ELLIS, MARY KAY**
 STREET ADDRESS **6108 ARNIES WAY**
 CITY-ST-ZIP **MILTON, FL 32570**

TITLE ☒ Change ☐ Addition
 NAME **D OLIVER, MARY**
 STREET ADDRESS **5325 YANCY DR**
 CITY-ST-ZIP **PACE, FL 32571**

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

TITLE ☒ Change ☐ Addition
 NAME **P NELSON, BERT**
 STREET ADDRESS **5713 LIA DR**
 CITY-ST-ZIP **MILTON, FL 32570**

TITLE ☐ Change ☒ Addition
 NAME **S HALL, DEE**
 STREET ADDRESS **6833 WARREN RD**
 CITY-ST-ZIP **MILTON, FL 32583**

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

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: **Peggy Griffith**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/02
 Date

850-623-6330
 Daytime Phone #

CR2E037 (9/01)