


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90062 022 ****61.25

DOCUMENT # 712530 1. Entity Name AUXILIARY OF DOCTORS HOSPITAL OF SARASOTA, INC.	
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Principal Place of Business 5731 BEE RIDGE ROAD SARASOTA FL 34233 US	Mailing Address 5731 BEE RIDGE ROAD SARASOTA FL 34233 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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MOORE CR2E037 (11/03)

4. FEI Number 59-1728792	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IAN T. MCKENZIE 4510 LAKECREST PLACE SARASOTA FL 34233	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANTZEN, CAROL 2223 WEBBER STREET SARASOTA FL 34239 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DESORTES, ANN 2203 CIRCLEWOOD DR SARASOTA FL 34231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROEMAKE, NORMA 4346 CENTER POINTE LANE SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COCHRAN, JEAN 6254 SHEPS ISLAND RD. SARASOTA FL 34241 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCKENZIE, IAN T 4510 LAKECREST PLACE SARASOTA FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NUOSON, NEUNICIE 4518 WHIRLANAY DRIVE SARASOTA FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HUDSON, EUNICE 4518 WHIRLANAY DRIVE SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUNN, RUTH 6726 WILLOW POND LE SARASOTA FL 34240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DUNN, RUTH 6726 WILLOW POND LE 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: IAN T. MCKENZIE, TREASURER **APR. 6/04** (941) 377-4940