


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90225 028 ****61.25

DOCUMENT # N23868	
1. Entity Name SANTA ROSA MEDICAL CENTER AUXILIARY, INC.	

Principal Place of Business 6002 BERRYHILL RD MILTON FL 32570 US	Mailing Address 6002 BERRYHILL RD MILTON FL 32570 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number 59-2847957	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BYROM, JENNIFER 310 ELMIRA STR MILTON FL 32570	
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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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MAYEAUX, ELOUISE	
STREET ADDRESS	6489 BONNER RD.	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARD, BECKIE	
STREET ADDRESS	5764 HERMITAGE CIRCLE	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFITH, PEGGY	
STREET ADDRESS	6465 LARK AVENUE	
CITY-ST-ZIP	MILTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, BERT	
STREET ADDRESS	5713 LIA DRIVE	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	STELZENER, PAUL	
STREET ADDRESS	5915 HOGAN'S ALLEY	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KESSEL, ANNETTE	
STREET ADDRESS	6007 N AIRPORT ROAD	
CITY-ST-ZIP	MILTON FL 32570	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARD, DONALD	
STREET ADDRESS	5764 HERMITAGE CIRCLE	
CITY-ST-ZIP	MILTON, FL 32570	
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		<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	VICKI IMHOFF	
STREET ADDRESS	4409 BAYOU RIDGE DRIVE	
CITY-ST-ZIP	PACE, FL 32571	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WANDA STATON	
STREET ADDRESS	11374 HORIZON ROAD	
CITY-ST-ZIP	MILTON, FL 32570	

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* **PEGGY GRIFFITH** **2/20/05** **850-623-6330**