

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

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**



01122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

**MCKENZIE, IAN T
5731 BEE RIDGE ROAD
SARASOTA, FL 34233**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **ROEMBKE, NORMA**
STREET ADDRESS **5731 BEE RIDGE ROAD**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE **V**
NAME **WHITE, JOAN**
STREET ADDRESS **5731 BEE RIDGE ROAD**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE **T**
NAME **MCKENZIE, IAN T**
STREET ADDRESS **5731 BEE RIDGE ROAD**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE **S**
NAME **JANTZEN, CAROL**
STREET ADDRESS **5731 BEE RIDGE ROAD**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE **AT**
NAME **SEBENS, NITA**
STREET ADDRESS **5731 BEE RIDGE ROAD**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000455932
03/16/06-80008-014 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* **IAN T. MCKENZIE** **Feb 9/06** **941-342-1100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #