2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #717016

FILED Jul 24, 2008 8:00 am Secretary of State 07-24-2008 90016 033 ****70.00

AUXILIAF INC.	RY OF ST. PETERSBURG GE	ENERAL HOSPITA	L,						
6500 38TH AVE. NO. 65		Mailing Address 6500 38TH AVE. NO. ST. PETERSBURG, FL 33710		4011		1 BINCI NIZIK BININ 21013	#18() = (\$) 61	ai thai	
2. Principal P	Place of Business - No P.O. Box #	Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07092008 Ct	ng-NP	CR2E037 (12	2/06)	
City & Stat	e	City & State			4. FEI Number NOT APPLI	CABLE			ed For
Zip	Country	Zip	Country		5. Certificate of St			5 Additio	pplicable mal
	6. Name and Address of Current Re	distared Agent			7. Name and Add	ress of New R		•	
	MICHELE D AVE. D. #1111 TERSBURG, FL 33710		St	reet Address (I	ta R. R P.O. Box Number is 1 67 Way	Not Acceptable			
· '	· ·		Ci	is St. P.	ctersburg		FL 3	ip Code	9
SIGNATURE	Signature, lyped or printed name of registered agent and	9. Election Can Trust Fund C	npaign Financ	nt signature required	when reinstating) \$5.00 May Be Added to Fees		DATE lake check pay		
10.	ue by September 12, 2008 OFFICERS AND DIRE		11.		ADDITIONS/CHANG				
NAME STREET ADDRESS CITY ST-ZIP	P LUPTON, MICHELE 2001 83RD AVE NORTH #1111 SAINT PETERSBURG, FL. 33702	Delete	TITLE NAME STREET ADI CITY-ST-ZI	PRES 450	Sidenti wo, Anita	104 N		Change [Addition
HTLE NAME STREET ADDRESS CITY-ST-ZIP	S BOUCHER, IRENE 5041 82ND AVE NORTH # 208 PINELLAS PARK, FL 33781	C Delete	TITLE NAME STREET ADE			ر بر م	×		Addilion
TITLE NAME STREET ADDRESS CITY ST-ZIP	D GABY, SSIMA 8011 26 OWEN SAINT PETERSBURG, FL 33710	Delete	TITLE NAME STREET ADD CITY-ST-Z	DIA Jan DRESS 67	lectic At 4e, Theo 81 35th Petcisb	Terrac	= N.	Change [Addition
NAME SIREEI ADDRESS CITY-S1-ZIP	VP NAGLE, RIC 9200 PARK BLVD # 206 SAINT PETERSBURG, FL 33709	☐ Delete	TITLE NAME STREET ADI CITY-ST-ZI	DRESS >				Change [Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP	VP DUMONT, MARI JEAN 6400 46TH AVE NORTH #61 KENNETH CITY, FL 33709	∭ Delete	TITLE NAME STREET ADD	DRESS		,	<u> </u>	Change [Addition
TITLE MAINE STREET ADDRESS CITY ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	P : O		K, FL	33781		
12. I hereby	Locality that the information supplied with the longitude of the supplemental report is tr	is filing does not qualify for ue and accurate and that n	■ the exempti	ions contained	in Chapter 119. Flor	ida Statutes. I	further certify tha	it the inform	matio

of the copporation of 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.

(127) 384-19 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR