

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49221

FILED  
Feb 03, 2009  
Secretary of State

Entity Name: H.R.M.C. AUXILIARY, INCORPORATED

## Current Principal Place of Business:

C/O HEALTHMARK REGIONAL MEDICAL CENTER  
4413 U.S. HIGHWAY 331 SOUTH  
DEFUNIAK SPRINGS, FL 32435 US

## New Principal Place of Business:

## Current Mailing Address:

C/O ELLIN OSBURN  
273 SQUIRREL RD  
DEFUNIAK SPRINGS, FL 32433 US

## New Mailing Address:

FEI Number: 59-3122849

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OSBURN, ELLIN A  
273 SQUIRREL RD.  
DEFUNIAK SPRINGS, FL 32433 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BEAN, BETTY J  
Address: 869 JUNIPER LAKE DRIVE  
City-St-Zip: DE FUNIAK SPRINGS, FL 32433

Title: VD ( ) Delete  
Name: WILBANKS, MARTHA  
Address: 139 MARTHA LN  
City-St-Zip: DEFUNIAK SPRINGS, FL 34233

Title: RSD ( ) Delete  
Name: DIXON, CAROL  
Address: 6061 CO. HWY. 278  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: GSMD ( ) Delete  
Name: HOPEK, THELMA  
Address: P.O. BOX 892  
City-St-Zip: DE FUNIAK SPRINGS, FL 32435

Title: TD ( ) Delete  
Name: OSBURN, ELLIN A  
Address: 273 SQUIRREL RD.  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: WILBANKS, MARTHA PRES/DI  
Address: 139 MARTHA LANE  
City-St-Zip: DE FUNIAK SPRINGS, FL 32433 US

Title: VD (X) Change ( ) Addition  
Name: CONNELL, MARY HELEN VPRES  
Address: 647 HUBBARD STREET  
City-St-Zip: DEFUNIAK SPRINGS, FL 34235 US

Title: RSD (X) Change ( ) Addition  
Name: WHIDDON, MARY ANN SEC/DIR  
Address: 6361 HWY. 1087  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

Title: TD (X) Change ( ) Addition  
Name: HUTCHESON-JONES, MARY TREASU  
Address: 49 BIRCH DR.  
City-St-Zip: DE FUNIAK SPRINGS, FL 32435 US

Title: PP/D (X) Change ( ) Addition  
Name: BEAN, BETTY P PRES  
Address: 869 JUNIPER LAKE DRIVE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

Title: GSM ( ) Change (X) Addition  
Name: LOVERING, BEVERLY GSMGR  
Address: 79 E. RENOIR  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY HUTCHESON-JONES

TRES

02/03/2009

Electronic Signature of Signing Officer or Director

Date