2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2010
Secretary of State

DOCUMENT# 712530

Entity Name: AUXILIARY OF DOCTORS HOSPITAL OF SARASOTA, INC.

Current Principal Place of Business:

5731 BEE RIDGE ROAD
SARASOTA, FL 34233 US

New Principal Place of Business:

Current Mailing Address:

5731 BEE RIDGE ROAD
SARASOTA, FL 34233 US

New Mailing Address:

FEI Number: 59-1728792 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCKENZIE, IAN T
5731 BEE RIDGE ROAD
SARASOTA, FL 34233 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: P
Name: GROBEN, WM
Address: 5731 BEE RIDGE ROAD
City-St-Zip: SARASOTA, FL 34233

Title: V
Name: BECKER, FRANCES
Address: 5731 BEE RDIGE ROAD
City-St-Zip: SARASOTA, FL 34233

Title: T
Name: MCKENZIE, IAN T
Address: 5731 BEE RIDGE ROAD
City-St-Zip: SARASOTA, FL 34233

Title: S
Name: HOLDEN, BARBARA
Address: 5731 BEE RIDGE ROAD
City-St-Zip: SARASOTA, FL 34233

Title: AT
Name: SEBENS, NITA
Address: 5731 BEE RIDGE ROAD
City-St-Zip: SARASOTA, FL 34233

I hereby 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 all other like empowered.

SIGNATURE: IAN MCKENZIE T 01/21/2010

Electronic Signature of Signing Officer or Director Date