

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23868

**FILED**  
**Jan 22, 2012**  
**Secretary of State**

**Entity Name:** SANTA ROSA MEDICAL CENTER AUXILIARY, INC.

**Current Principal Place of Business:**

6002 BERRYHILL RD.  
MILTON, FL 32570 US

**New Principal Place of Business:**

**Current Mailing Address:**

6002 BERRYHILL RD  
MILTON, FL 32570 US

**New Mailing Address:**

**FEI Number:** 59-2847957

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BYROM, JENNIFER  
310 ELMIRA STR  
MILTON, FL 32570 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: T  
Name: SNOWMAN, DULCE M  
Address: 5832 HERMITAGE CR  
City-St-Zip: MILTON, FL 32570

Title: D  
Name: WARD, BECKIE  
Address: 5764 HERMITAGE CR.  
City-St-Zip: MILTON, FL 32570

Title: D  
Name: MAYEAUX, ELOUISE  
Address: P.O.BOX112  
City-St-Zip: MILTON, FL 32570

Title: V  
Name: CHIOGRNO, MARIE  
Address: 7213 PRO LANE  
City-St-Zip: MILTON, FL 32570

Title: P  
Name: DAMICO, BARBARA  
Address: 5534 FOX FIRE RD.  
City-St-Zip: MILTON, FL 32570

Title: S  
Name: KISKE, BEVERLY  
Address: 6722 CEDAR RIDGE CR.  
City-St-Zip: MILTON, FL 32570

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:** DULCE M. SNOWMAN

T

01/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date