

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90479 013 ****61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

ROEMBKE, NORM
4346 CENTER POINTE LANE
SARASOTA FL 34233

Name **IAN T. MCKENZIE**

Street Address (P.O. Box Number is Not Acceptable)

4510 LAKECREST PLACE

City **SARASOTA**

FL

Zip Code **34233**

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

IAN T. MCKENZIE
[Signature]

TREASURER

03/11/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **CHAMPANE, JACK**
STREET ADDRESS **4179 PALACE DR**
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **CARDL JANTZEN** ☒ Change ☐ Addition
NAME **2223 WEBBER STREET**
STREET ADDRESS **SARASOTA, FL 34239**
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **DESPOATES, ANN**
STREET ADDRESS **2203 CIRCLEWOOD DR**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **ANN DESPORTES** ☒ Change ☐ Addition
NAME **2203 CIRCLEWOOD DR**
STREET ADDRESS **SARASOTA, FL 34231**
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **COCHRAN, JEAN**
STREET ADDRESS **6254 SHEPS ISLAND RD.**
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **ROEMBKE, NORMA**
STREET ADDRESS **4346 CENTER POINTE LANE**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **IAN T. MCKENZIE** ☒ Change ☐ Addition
NAME **4510 LAKECREST PLACE**
STREET ADDRESS **SARASOTA, FL 34233**
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **PHIPPS, BILLIE**
STREET ADDRESS **7327 CASS CIRCLE**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **EUNICE HUDSON** ☒ Change ☐ Addition
NAME **4518 WHIRLWAY DRIVE**
STREET ADDRESS **SARASOTA, FL 34233**
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **DUNN, RUTH**
STREET ADDRESS **6726 WILLOW POND LE**
CITY-ST-ZIP **SARASOTA FL 34240**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **IAN T. MCKENZIE**

03/11/03 (941) 377-4940

CR2E037 (10/02)