

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712530

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

Current Principal Place of Business:

5731 BEE RIDGE ROAD
SARASOTA, FL 34233

Current Mailing Address:

5731 BEE RIDGE ROAD
SARASOTA, FL 34233 US

FEI Number: 59-1728792

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SLEYTER, CHERIE
5731 BEE RIDGE ROAD
SARASOTA, FL 34233 US

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: CHERIE SLEYTER

02/09/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name AMIRAULT, DAVID
Address 5731 BEE RIDGE ROAD
City-State-Zip: SARASOTA FL 34233

Title T
Name SLEYTER, CHERIE
Address 5731 BEE RIDGE ROAD
City-State-Zip: SARASOTA FL 34233

Title S
Name GLIXON, LORRAINE
Address 5731 BEE RIDGE ROAD
City-State-Zip: SARASOTA FL 34233

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

Title VP
Name QUINN, DORTHEA
Address 5731 BEE RIDGE ROAD
City-State-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: CHERIE SLEYTER

TREASURER

02/09/2016

Electronic Signature of Signing Officer/Director Detail

Date