# 2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 712530** 

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

FILED
May 06, 2014
Secretary of State
CC2172306336

### **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:

KOONTZ, DONALD 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:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title PRESIDENT Title T

NameAMIRAULT, DAVIDNameKOONTZ, DONALDAddress5731 BEE RIDGE ROADAddress5731 BEE RIDGE ROADCity-State-Zip:SARASOTA FL 34233City-State-Zip:SARASOTA FL 34233

Title S Title AT

Name GLIXON, LORRAINE Name SEBENS, NITA

Address 5731 BEE RIDGE ROAD Address 5731 BEE RIDGE ROAD

City-State-Zip: SARASOTA FL 34233 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: DONALD KOONTZ

TREASURER

05/06/2014