

**2017 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

01/12/2017

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            FRITON, JEF  
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**

01/12/2017

Electronic Signature of Signing Officer/Director Detail

Date