

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731133

Entity Name: ORANGE PARK MEDICAL CENTER AUXILIARY, INC.**Current Principal Place of Business:**2001 KINGSLEY AVENUE
ORANGE PARK, FL 32073**Current Mailing Address:**2001 KINGSLEY AVE.
ORANGE PARK, FL 32073**FEI Number:** 59-2248556**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAVIE, WILLIAM H ESQ.
2001 KINGSLEY AV.
ORANGE PARK, FL 32073 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:** WILLIAM H DAVIE

03/03/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	LINDSAY, LOUIS
Address	2001 KINGSLEY AVE
City-State-Zip:	ORANGE PARK FL 32073

Title	TREASURER
Name	DIGIOVANNI, SANDRA
Address	2001 KINGSLEY AVENUE
City-State-Zip:	ORANGE PARK FL 32073

Title	SECRETARY
Name	LEESoy-JOHNSON, SUELYN
Address	2001 KINGSLEY AVENUE
City-State-Zip:	ORANGE PARK FL 32073

Title	2ND VICE PRESIDENT
Name	COLE, LINDA
Address	2001 KINGSLEY AVENUE
City-State-Zip:	ORANGE PARK FL 32073

Title	1ST VICE PRESIDENT
Name	ODELL, BRIONES
Address	2001 KINGSLEY AVENUE
City-State-Zip:	ORANGE PARK FL 32073

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: SANDRA DIGIOVANNI**TREASURER**

03/03/2021

Electronic Signature of Signing Officer/Director Detail

Date