

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002457

Entity Name: LAKEWOOD RANCH MEDICAL CENTER AUXILIARY,
INCORPORATED

Current Principal Place of Business:

8340 LAKEWOOD RANCH BLVD
BRADENTON, FL 34202

Current Mailing Address:

8330 LAKEWOOD RANCH BLVD
BRADENTON, FL 34202

FEI Number: 06-1719766

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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
Name BUSH, BETH
Address 8330 LAKEWOOD RANCH BLVD
City-State-Zip: BRADENTON FL 34207

Title TREASURER
Name STELTER, CINDY
Address 8330 LAKEWOOD RANCH BLVD
City-State-Zip: BRADENTON FL 34202

Title SECRETARY
Name BELMONT, VERONICA
Address 8330 LAKEWOOD RANCH BLVD
City-State-Zip: BRADENTON FL 34202

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: BETH BUSH

PRESIDENT

05/03/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date