

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000002457

**Entity Name:** LAKEWOOD RANCH MEDICAL CENTER AUXILIARY,  
INCORPORATED

**FILED**  
**Apr 13, 2015**  
**Secretary of State**  
**CC8061929379**

**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 P  
Name BRYAN, JENNIFER  
Address 8330 LAKEWOOD RANCH BLVD  
City-State-Zip: BRADENTON FL 34207

Title T  
Name ORENSTEIN, VIRGINIA K  
Address 8330 LAKEWOOD RANCH BLVD  
City-State-Zip: BRADENTON FL 34202

Title S  
Name GUFFEY, SONDR  
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: JENNIFER BRYAN

PRESIDENT

04/13/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date