

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23868

**Entity Name:** SANTA ROSA MEDICAL CENTER AUXILIARY, INC.

**Current Principal Place of Business:**

6002 BERRYHILL RD.  
MILTON, FL 32570

**Current Mailing Address:**

6002 BERRYHILL RD  
MILTON, FL 32570 US

**FEI Number:** 59-2847957

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DRUMMOND, CYNTHIA  
6002 BERRYHILL ROAD  
MILTON, FL 32570 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:** CYNTHIA DRUMMOND

04/10/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY AND TREASURER  
Name MILLHAM, DANIEL J.  
Address P. O. BOX 968  
City-State-Zip: MILTON FL 32572

Title DIRECTOR  
Name CURTIS, LAWERENCE  
Address 5317 MEDICINE BOW  
City-State-Zip: MILTON FL 32570

Title PRESIDENT  
Name COSSON, RICHARD  
Address 6164 BROAD WING CT.  
City-State-Zip: MILTON FL 32570

Title DIRECTOR  
Name FONDREN, ROBERT  
Address 5248 GOSHAWK DRIVE  
City-State-Zip: MILTON FL 32570

Title VP  
Name FONDREN, BETTY  
Address 5248 GOSHAWK DRIVE  
City-State-Zip: MILTON FL 32570

*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:** DANIEL J. MILLHAM

TREASURER

04/10/2023

Electronic Signature of Signing Officer/Director Detail

Date