

2016 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:

BYROM, JENNIFER
310 ELMIRA STR
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name GRIFFITH, PEGGY A
Address 6465 LARK AVENUE
City-State-Zip: MILTON FL 32570

Title O
Name JARVIS, JOAN
Address 6206 GREENWOOD DRIVE
City-State-Zip: MILTON FL 32570

Title O
Name KENNEDY , CHARLIE
Address 6789 WALKER STREET
City-State-Zip: MILTON FL 32570

Title SECRETARY
Name WARD, BECKIE
Address 5764 HERMITAGE
City-State-Zip: MILTON FL 32570

Title PRESIDENT
Name FINCH, LOIS
Address 5679 PINE RIDGE DRIVE
City-State-Zip: MILTON FL 32570

Title VP
Name VANCE, KAREN
Address 5525 DELONA ROAD
City-State-Zip: MILTON FL 32583

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: PEGGY GRIFFITH

TREASURER

01/22/2016

Electronic Signature of Signing Officer/Director Detail

Date