

2021 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

04/12/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

04/12/2021

Electronic Signature of Signing Officer/Director Detail

Date