2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2014
Secretary of State
CC9537087139

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	T
Name	VANCE, DAVID E TREASURER
Address	5525 DELONA RD
City-State-Zip:	MILTON FL 32583

Title	D
Name	MAYEAUX, ELOUISE
Address	P.O.BOX112
City-State-Zip:	MILTON FL 32570

Title	P
Name	VANCE, KAREN F PRESIDENT
Address	5525 DELONA RD
City-State-Zip:	MILTON FL 32583

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

Title	V
Name	CHIOGRNO , MARIE
Address	7213 PRO LANE
City-State-Zip:	MILTON FL 32570

Title	S
Name	FINCH, LOIS
Address	5679 PINE RIDGE 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: DAVID E. VANCE TREASURER 03/30/2014

Electronic Signature of Signing Officer/Director Detail — Date