2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2012
Secretary of State

DOCUMENT# 700871

Entity Name: HOSPITAL AUXILIARY OF THE INDIAN RIVER MEMORIAL HOSPITAL, INC.

Current Principal Place of Business:

1000 36TH ST
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

1000 36TH ST
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 59-1003707 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEWART, WILLIAM J.
3355 OCEAN DRIVE
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: LYONS, BARBARA
Address: 4900 N NEWPORT ISLAND DR
City-St-Zip: VERO BEACH, FL 32967

Title: VP
Name: STEELE, MARSHA J
Address: 1795 N GARDEN GROVE CIR
City-St-Zip: VERO BEACH, FL 32962

Title: VP
Name: GOSSELIN, JAMES
Address: 4805 FORSYTH ST
City-St-Zip: VERO BEACH, FL 32966

Title: VP
Name: WEICK, JANE
Address: 20 SOUTHAMPTON TERRACE
City-St-Zip: VERO BEACH, FL 32963

Title: S
Name: MAKI, MARGE
Address: 1950 S US 1, UNIT 224
City-St-Zip: VERO BEACH, FL 32962

Title: T
Name: PREUSS, MARTIN
Address: 17 PLANTATION DRIVE, APT 106
City-St-Zip: VERO BEACH, FL 32966

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: BARBARA LYONS P 03/21/2012

Electronic Signature of Signing Officer or Director — Date