2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 702181

1. Entity Name
PEACE RIVER REGIONAL MEDICAL CENTER AUXILIARY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 11 PM 1:20

Principal Place of Business	Mailing Address
2500 HARBOR BLVD. PORT CHARLOTTE, FL 33952	2500 HARBOR BLVD. PORT CHARLOTTE, FL 33952

07212005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
10300 4th Street, North	10300 4th Street, North
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg, FL	City & State: St. Petersburg, FL
Zip: 33716 Country: U.S.A.	Zip: 33716 Country: U.S.A.

4. FEI Number 59-0968303 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARRINGTON, MICHAEL L 2500 HARBOR BLVD. PORT CHARLOTTE, FL 33952	Name: Corporation Service Company Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street City: Tallahassee **FL** Zip Code: 32301

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Cynthia L Harris **Cynthia L. Harris as its agent** 8/11/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HARRINGTON, MICHAEL L 2500 HARBOR BLVD. PORT CHARLOTTE, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Sr. Anne Lutz 1505 Marriottsville Road Marriottsville, MD 21104	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD MCKINLEY, MICHAEL R 4371 POINT CT PT CHARLOTTE, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP/S/D John Shea 1505 Marriottsville Road Marriottsville, MD 21104	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MIZE, MARYANN 1053 KENSINGTON STREET PORT CHARLOTTE, FL 33952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Michael Cottrell 1505 Marriottsville Road Marriottsville, MD 21104	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROGERS, MARY CATHERINE SIS 15121 TAMIAMI TRAIL, SUITE B NORTH PORT, FL 34287	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200058481042	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Cottrell, Treasurer 8/9/05 410-442-3309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : 072100000032

REFERENCE : 504923 4312599

AUTHORIZATION : Patricia Pigott

COST LIMIT : $ 61.25

ORDER DATE : July 26, 2005

ORDER TIME : 11:10 AM

ORDER NO. : 504923-110

CUSTOMER NO: 4312599

CUSTOMER: Ms. Camille C. Duerr
Jones Day
Suite 800
1420 Peachtree Street, N.e.
Atlanta, GA 30309-3053

ANNUAL REPORT

NAME: PEACE RIVER REGIONAL MEDICAL CENTER AUXILIARY, INC.

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan -- EXT# 2955

EXAMINER: _____