


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90124 041 ****61.25

DOCUMENT # 703865 1. Entity Name JAMES E. HOLMES REGIONAL MEDICAL CENTER AUXILIARY, INC.					
Principal Place of Business 1350 SOUTH HICKORY STREET MELBOURNE, FL 32901-3276			Mailing Address 6450 US HWY #1 ROCKLEDGE, FL 32955		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 59-1889057				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATHIAS, DAVID E 6450 US HWY #1 ROCKLEDGE, FL 32955			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 PD NAME BAUMGARDT, ANGIE (MARY A.) <input type="checkbox"/> Delete STREET ADDRESS 1350 SOUTH HICKORY ST CITY-ST-ZIP MELBOURNE, FL 32901	TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Brainard, Nancy STREET ADDRESS 1350 South Hickory St CITY-ST-ZIP Melbourne, FL 32901				
TITLE VPD NAME WHITEMAN, JESSIE <input type="checkbox"/> Delete STREET ADDRESS 1350 SOUTH HICKORY STREET CITY-ST-ZIP MELBOURNE, FL 32901	TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Allen, Jan STREET ADDRESS 1350 South Hickory St CITY-ST-ZIP Melbourne, FL 32901				
TITLE VPD NAME RITHAMEL, RAY <input checked="" type="checkbox"/> Delete STREET ADDRESS 1350 SOUTH HICKORY STREET CITY-ST-ZIP MELBOURNE, FL 32901	TITLE S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Ainscough, Carolyn STREET ADDRESS 1350 South Hickory St CITY-ST-ZIP Melbourne, FL 32901				
TITLE PD NAME KELLY, FLORA <input checked="" type="checkbox"/> Delete STREET ADDRESS 1350 SOUTH HICKORY STREET CITY-ST-ZIP MELBOURNE, FL 32901	TITLE S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME McLaury, Sherelyn STREET ADDRESS 1350 South Hickory St CITY-ST-ZIP Melbourne, FL 32901				
TITLE DS NAME FETES, MARGE <input checked="" type="checkbox"/> Delete STREET ADDRESS 1350 SOUTH HICKORY ST CITY-ST-ZIP MELBOURNE, FL 32901	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Lavandier, Edna STREET ADDRESS 1350 South Hickory St CITY-ST-ZIP Melbourne, FL 32901				
TITLE TD NAME ROGERS, MARY <input type="checkbox"/> Delete STREET ADDRESS 1350 SOUTH HICKORY ST CITY-ST-ZIP MELBOURNE, FL 32901	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Angie Baumgardt, President</i> 4-10-08 321-434-8519 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					