

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703865

FILED
Apr 01, 2010
Secretary of State

Entity Name: JAMES E. HOLMES REGIONAL MEDICAL CENTER AUXILIARY, INC.

Current Principal Place of Business:

1350 SOUTH HICKORY STREET
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

6450 US HIGHWAY 1
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 59-1889057 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHIAS, DAVID E
6450 US HIGHWAY 1
ROCKLEDGE, FL 32955 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: OLSEN, CAROL
Address: 1350 SOUTH HICKORY STREET
City-St-Zip: MELBOURNE, FL 32901

Title: VP
Name: ALLEN, JANET
Address: 1350 SOUTH HICKORY STREET
City-St-Zip: MELBOURNE, FL 32901

Title: VP
Name: ROGERS, MARY
Address: 1350 SOUTH HICKORY STREET
City-St-Zip: MELBOURNE, FL 32901

Title: T
Name: PALMER, SHERRY
Address: 1350 SOUTH HICKORY STREET
City-St-Zip: MELBOURNE, FL 32901

Title: S
Name: GAIR, ALAN
Address: 1350 SOUTH HICKORY STREET
City-St-Zip: MELBOURNE, FL 32901

Title: D
Name: WALTERS, PAT
Address: 1350 SOUTH HICKORY STREET
City-St-Zip: MELBOURNE, FL 32901

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: CAROL OLSEN

P

04/01/2010

Electronic Signature of Signing Officer or Director

Date