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**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90033 003 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 710541**

1. Corporation Name  
**SARASOTA MEMORIAL HOSPITAL AUXILIARY, INC.**

Principal Place of Business 1700 S. TAMiami TRAIL SARASOTA FL 34239-3555	Mailing Address 1700 S. TAMiami TRAIL SARASOTA FL 34239-3555 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>03/18/1966</b>	4. FEI Number <b>59-1405372</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent

**ATHAS, LUCY M**  
**1700 S TAMiami TRAIL**  
**SARASOTA FL 34239**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **SARASOTA** FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Lucy M. Athas* DATE: **1/19/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ATHAS, LUCY M	
STREET ADDRESS	1700 S TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34239-3555	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CARSON, MARCIA	
STREET ADDRESS	1700 S TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34239-3555	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOMAN, BETTY	
STREET ADDRESS	1700 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34239-3555	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CHERNOFF, GERALD P	
STREET ADDRESS	1700 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KOPP, JOHN A	
STREET ADDRESS	1700 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HERZBRUN, REMA	
STREET ADDRESS	1700 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34239-3555	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD PEGGY BURKE
2.3 STREET ADDRESS	1700 S TAMiami TRAIL
2.4 CITY-ST-ZIP	SARASOTA FL 34239-3555
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lucy M. Athas* **REQUIRED** DATE: **1/19/99** DAYTIME PHONE #: **(941) 917-1012**

Signature, typed or printed name of signing officer or director

CR2E037 (1/98)