


FILE NOW: FILING FEE IS \$61.25

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

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

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 710541</b>					
1. Corporation Name <b>SARASOTA MEMORIAL HOSPITAL AUXILIARY, INC.</b>					
Principal Place of Business 1700 S. TAMiami TRAIL SARASOTA FL 34239-3555			Mailing Address 1700 S. TAMiami TRAIL SARASOTA FL 34239-3555 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/18/1966	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1405372	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ATHAS, LUCY M 1700 S TAMiami TRAIL SRASOTA FL 34239				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>SARASOTA</b> 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* (NOTE: Registered Agent signature required when reinstating) DATE: 1/19/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PD <input type="checkbox"/> DELETE NAME ATHAS, LUCY M STREET ADDRESS 1700 S TAMiami TRAIL CITY-ST-ZIP SARASOTA FL 34239-3555				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE VD <input checked="" type="checkbox"/> DELETE NAME CARSON, MARCIA STREET ADDRESS 1700 S TAMiami TRAIL CITY-ST-ZIP SARASOTA FL 34239-3555				2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <b>PEGGY BURKE</b> 2.3 STREET ADDRESS <b>1700 S TAMiami TRAIL</b> 2.4 CITY-ST-ZIP <b>SARASOTA FL 34239-3555</b>			
TITLE VD <input type="checkbox"/> DELETE NAME HOMAN, BETTY STREET ADDRESS 1700 S. TAMiami TRAIL 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			
TITLE TD <input type="checkbox"/> DELETE NAME CHERNOFF, GERALD P STREET ADDRESS 1700 S. TAMiami TRAIL CITY-ST-ZIP SARASOTA FL				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE TD <input type="checkbox"/> DELETE NAME KOPP, JOHN A STREET ADDRESS 1700 S. TAMiami TRAIL CITY-ST-ZIP SARASOTA FL				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE SD <input type="checkbox"/> DELETE NAME HERZBRUN, REMA STREET ADDRESS 1700 S. TAMiami TRAIL CITY-ST-ZIP SARASOTA FL 34239-3555				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 (941) 917-1012

CR2E037 (11/98)