2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006
Secretary of State

DOCUMENT# 710541

Entity Name: SARASOTA MEMORIAL HOSPITAL AUXILIARY, INC.

Current Principal Place of Business:

1700 S. TAMIAMI TRAIL
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

200 S ORANGE AVE
C/O J. HIGH MIDDLEBROOKS
SARASOTA, FL 34236 US

New Mailing Address:

FEI Number: 59-1405372 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIDDLEBROOKS, J H
200 S ORANGE AVE
SARASOTA, FL 34236 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: DP ( ) Delete
Name: KANABY, SUE
Address: 1700 S TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: DV ( ) Delete
Name: COUCH, DAVID
Address: 1700 S TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: DS ( ) Delete
Name: JONES, MARY
Address: 1700 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: DT ( ) Delete
Name: MCDONALD, GAIL
Address: 1700S TAMIAMI TRL
City-St-Zip: SARASOTA, FL 34239

Title: DV ( ) Delete
Name: ROSENHAUS, VIRGINIA
Address: 1700 S TAMIAMI TRL
City-St-Zip: SARASOTA, FL 342393555

Title: DS ( ) Delete
Name: ROBINSON, LIZ
Address: 1700 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: COUCH, DAVID
Address: 1700 S TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: DV (X) Change ( ) Addition
Name: LORUSSO, JOHN
Address: 1700 S TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: DS (X) Change ( ) Addition
Name: BLOOM, REGINA
Address: 1700 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: DT (X) Change ( ) Addition
Name: GIANNI, GENE
Address: 1700S TAMIAMI TRL
City-St-Zip: SARASOTA, FL 34239

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID COUCH P 02/22/2006

Electronic Signature of Signing Officer or Director — Date