2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2012
Secretary of State

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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:

C/O J. HUGH MIDDLEBROOKS
200 SOUTH ORANGE AVENUE
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:

CROSS STREET CORPORATE SERVICES, LLC
200 SOUTH 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
Name: RAYSON, THOMAS
Address: 1700 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: DV
Name: DUTREIL, ROBERT
Address: 1700 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: DS
Name: MULLALLY, MARY
Address: 1700 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: DT
Name: HALSEY, SKIP
Address: 1700 S. TAMIAMI TRL
City-St-Zip: SARASOTA, FL 34239

Title: DV
Name: ZEIGLER, DOTTIE
Address: 1700 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: D
Name: SCHOENITH, SHIRLEY
Address: 1700 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

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: THOMAS RAYSON DP 03/21/2012

Electronic Signature of Signing Officer or Director Date