

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2007 8:00 am
Secretary of State

05-24-2007 90001 002 ****61.25

DOCUMENT # 712530

1. Entity Name
**AUXILIARY OF DOCTORS HOSPITAL OF SARASOTA,
INC.**



Principal Place of Business

**5731 BEE RIDGE ROAD
SARASOTA, FL 34233 US**

Mailing Address

**5731 BEE RIDGE ROAD
SARASOTA, FL 34233 US**

DO NOT WRITE IN THIS SPACE

40118130



01182007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-1728792

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCKENZIE
MCKENZIE, IAN T
5731 BEE RIDGE ROAD
SARASOTA, FL 34233**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROEMBKE, NORMA
STREET ADDRESS	5731 BEE RIDGE ROAD
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	V
NAME	WHITE, JOAN
STREET ADDRESS	5731 BEE RDIGE ROAD
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	T
NAME	MCKENZIE, IAN T
STREET ADDRESS	5731 BEE RIDGE ROAD
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	SJONES, KAY
NAME	JANTZEN, CAROL
STREET ADDRESS	5731 BEE RIDGE ROAD
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	AT
NAME	SEBENS, NITA
STREET ADDRESS	5731 BEE RIDGE ROAD
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #