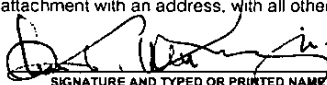


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90022 034 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1728792	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCKENZIE, IAN T 5731 BEE RIDGE ROAD SARASOTA, FL 34233			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROEMBKE, NORMA 5731 BEE RIDGE ROAD SARASOTA, FL 34233	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHITE, JOAN 5731 BEE RDIGE ROAD SARASOTA, FL 34233	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCKENZIE, IAN T 5731 BEE RIDGE ROAD SARASOTA, FL 34233	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, KAY 5731 BEE RIDGE ROAD SARASOTA, FL 34233	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SEBENS, NITA 5731 BEE RIDGE ROAD SARASOTA, FL 34233	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BONNIE HARDY 5731 BEE RIDGE ROAD SARASOTA, FL 34233	☒ Addition			
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: 			Ian McKenzie		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 2/13/08 (941) 342-1003		