

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712530

FILED
Jan 14, 2009
Secretary of State

Entity Name: AUXILIARY OF DOCTORS HOSPITAL OF SARASOTA, INC.

Current Principal Place of Business:

5731 BEE RIDGE ROAD
SARASOTA, FL 34233 US

New Principal Place of Business:

Current Mailing Address:

5731 BEE RIDGE ROAD
SARASOTA, FL 34233 US

New Mailing Address:

FEI Number: 59-1728792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKENZIE, IAN T
5731 BEE RIDGE ROAD
SARASOTA, FL 34233 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: P () Delete
Name: WHITE, JOAN
Address: 5731 BEE RIDGE ROAD
City-St-Zip: SARASOTA, FL 34233

Title: V () Delete
Name: WHITE, JOAN
Address: 5731 BEE RDIGE ROAD
City-St-Zip: SARASOTA, FL 34233

Title: T () Delete
Name: MCKENZIE, IAN T
Address: 5731 BEE RIDGE ROAD
City-St-Zip: SARASOTA, FL 34233

Title: S () Delete
Name: JONES, KAY
Address: 5731 BEE RIDGE ROAD
City-St-Zip: SARASOTA, FL 34233

Title: AT () Delete
Name: SEBENS, NITA
Address: 5731 BEE RIDGE ROAD
City-St-Zip: SARASOTA, FL 34233

Title: V (X) Delete
Name: HARDY, BONNIE
Address: 5731 BEE RIDGE ROAD
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: GROBEN, WM
Address: 5731 BEE RDIGE ROAD
City-St-Zip: SARASOTA, FL 34233

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

Title: S (X) Change () Addition
Name: HOLDEN, BARBARA
Address: 5731 BEE RIDGE ROAD
City-St-Zip: SARASOTA, FL 34233

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 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: IAN MC KENZIE

T

01/14/2009

Electronic Signature of Signing Officer or Director

Date