


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90045 040 ****61.25

DOCUMENT # 728413 1. Entity Name SEBASTIAN RIVER MEDICAL CENTER AUXILIARY, INC.					
Principal Place of Business 13695 US HIGHWAY 1 P.O. BOX 780838 SEBASTIAN, FL 32978			Mailing Address 13695 US HIGHWAY 1 P.O. BOX 780838 SEBASTIAN, FL 32978		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2403865	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WISE, ROBERT G 1040 WEST LAKEVIEW DR SEBASTIAN, FL 32958				Name Fredericks, George Street Address (P.O. Box Number is Not Acceptable) 927 Hemlock SEBASTIAN City FL Zip Code 32958	
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: <i>George Fredericks</i> George Fredericks DATE: 1/17/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 WISE, ROBERT G 1040 W LAKEVIEW DR SEBASTIAN, FL 32958	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Fredericks, George 927 Hemlock SEBASTIAN, FL 32958
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FREDRICKS, GEORGE 927 HEMLOCK SEBASTIAN, FL 32976	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Kerwin, Marion 1449 Barefoot Circle Barefoot Bay, FL 32976
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLEAN, SANDRA 9777 RIVERVIEW BAREFOOT, FL 32976	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	McCuen, Sandra 9777 Riverview Micco, FL 32976
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN, ROBERTA 823 S SEAGULL BAREFOOT BAY, FL 32976	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Harris, Shirley 861 Dale Circle SEBASTIAN, FL 32958
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEARMAN, MARYJANE 9180 100TH CT VERO BEACH, FL 32967	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAND, PAUL 1245 GALUSA DR SEBASTIAN, FL 32976	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>George Fredericks</i> George F. Fredericks (722) 589-3186 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					