2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State
01-10-2007 90049 011 ****61.25

DOCUMENT # 728413

1. Entity Name
SEBASTIAN RIVER MEDICAL CENTER AUXILIARY, INC.

Principal Place of Business	Mailing Address
13695 US HIGHWAY 1 P.O. BOX 780838 SEBASTIAN, FL 32978	13695 US HIGHWAY 1 P.O. BOX 780838 SEBASTIAN, FL 32978

01072007 Chg-NP CR2E037 (12/06)

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 59-2403865 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FREDERICKS, GEORGE
927 HEMLOCK
SEBASTIAN, FL 32958

7. Name and Address of New Registered Agent

Name: Kerwin, Marian
Street Address (P.O. Box Number is Not Acceptable): 1449 Barefoot Circle
City: Barefoot Bay FL Zip Code: 32976

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: Marian Kerwin Pres Marian A Kerwin
Shirley Harris Treas Shirley Harris 1-8-07
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

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 FREDERICKS, GEORGE 927 HEMLOCK SEBASTIAN, FL 32958	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Kerwin, Marian 1449 Barefoot Circle Barefoot Bay, Fl 32976	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KERWIN, MARION 1449 BAREFOOT CIRCLE SEBASTIAN, FL 32976	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Owens, Rita 781 Collier Club Rd Sebastian, Fl 32958	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCUEN, SANDRA 9777 RIVERVIEW BAREFOOT, FL 32976	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Giel, Dee 19 Sunset Dr Sebastian, Fl 32958	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HARRIS<br~~HANIS~~, SHIRLEY 861 DALE CIRCLE SEBASTIAN, FL 32958	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEARMAN, MARYJANE 9180 100TH CT VERO BEACH, FL 32967	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAND, PAUL 1245 GALUSA DR SEBASTIAN, FL 32976	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Barnett, Rhoda 817 Periwinkle Cir Barefoot Bay, Fl 32976	☑ Change ☐ 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: Shirley Harris Shirley Harris, Treas 01-08-07 (772-589-3236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #