2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2008 8:00 am Secretary of State 01-24-2008 90037 028 ****61.25

DOCUMENT # 728413 1. Entity Name SEBASTIAN RIVER MEDICAL CENTER AUXILIARY, INC.							J1-24-2008	J0037 0	28 *****6	71.25
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			1 .* 			CTEN SIGN BYEN	IFFI TO IFFI
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01172008 Ct	ng-NP	CR2E037	(12/06)	
City & State			City & State		** ** ** **	4. FEI Number 59-240386	5		- 	plied For t Applicable
Zip	ip Country		Zip	Country	<i>y</i>	5. Certificate of Status Desired Sta				
6. Name and Address of Current Registered Agent						7. Name and Add	ress of New Re	gistered A	ent	
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KERWIN, MARIAN 1449 BAREFOOT CIRCLE BAREFOOT BAY, FL 32976				s		P.O. Box Number is 1		' K1		
BAREFOOT BAY, FL 32976					Seb	ASTIAN			T = -	
					City			FL	Zip Code	3 68
	named entit		r the purpose of changing its	registered o	office or register	ed agent, or both, in	the State of Flor	rida. I am fa	miliar with,	and accept
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SIGNATURE X R. L. Covers President Signature, typed or printed name of registered agent and tide of applicable. (NOTE: Registered Agent signature required when rematating) DATE										
	Signature, typeo	or printed name or registered agent	and the applicable. (NUII	L: Hegistered Age	ent signature required	(when remetating)		DATE		
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			9. Election Car Trust Fund C	. •	· –	\$5.00 May Be Added to Fees				
10.			Trust Fund (. •		\$5.00 May Be Added to Fees ADDITIONS/CHANG	Florid	da Departr	nent of St	ate
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