



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.					
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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01172008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2403865	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent KERWIN, MARIAN 1449 BAREFOOT CIRCLE BAREFOOT BAY, FL 32976				7. Name and Address of New Registered Agent Name RITA OWENS Street Address (P.O. Box Number is Not Acceptable) 781 Collier Club Rd 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>X Rita Owens, President</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <i>X 1/21/08</i> <small>(NOTE: Registered Agent signature required when reinstating.)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		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 KERWIN, MARIAN 1449 BAREFOOT CIRCLE BAREFOOT BAY, FL 32976		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RITA OWENS 781 Collier Club Rd SEBASTIAN, FL 32958	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete DWENS, RITA 181 COLLIER CLUB RD SEBASTIAN, FL 32958		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lori Powell 317 AVACADO Dr Barefoot Bay, FL 32976	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GIEL, DEE 19 SUNSET DRIVE SEBASTIAN, FL 32958		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete HARRIS, SHIRLEY 861 DALE CIRCLE SEBASTIAN, FL 32958		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shirley HARRIS <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MEARMAN, MARYJANE 9180 100TH CT VERO BEACH, FL 32967		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Yvonne Sutherland 1327 Kiwi Dr Barefoot Bay, FL 32976	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete BARNETT, RHODA 817 PERIWINKLE CIRCLE BAREFOOT BAY, FL 32976		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Paul Rand 1216 Calusa Dr Barefoot Bay, FL 32976	
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: <i>X Rita Owens</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <i>X 1/21/08</i> 772 589 <small>Date Daytime Phone #</small>	