

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728413

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** SEBASTIAN RIVER MEDICAL CENTER AUXILIARY, INC.

**Current Principal Place of Business:**

13695 US HIGHWAY 1  
SEBASTIAN, FL 32978

**New Principal Place of Business:**

**Current Mailing Address:**

13695 US HIGHWAY 1  
SEBASTIAN, FL 32978

**New Mailing Address:**

**FEI Number:** 59-2403865

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OWENS, RITA  
781 COLLIER CLUB RD  
SEBASTIAN, FL 32958 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  
Name: OWENS, RITA  
Address: 781 COLLIER CLUB RD  
City-St-Zip: SEBASTIAN, FL 32958

Title: VP  
Name: GIEL, DOROTHY  
Address: 19 SUNSET DR  
City-St-Zip: SEBASTIAN, FL 32958

Title: D  
Name: MCCUEN, SANDRA  
Address: 9777 RIVERVIEW DR  
City-St-Zip: MICCO, FL 32976

Title: T  
Name: HARRIS, SHIRLEY  
Address: 861 DALE CIRCLE  
City-St-Zip: SEBASTIAN, FL 32958

Title: S  
Name: ROHLFS, DIANA  
Address: 920 CYPRESS ST  
City-St-Zip: BAREFOOT BAY, FL 32976

Title: D  
Name: RAND, PAUL  
Address: 1216 CALUSA DR  
City-St-Zip: BAREFOOT BAY, FL 32976

I hereby 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 all other like empowered.

SIGNATURE: SHIRLEY HARRIS

S

01/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date