

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728413

FILED
Jan 16, 2012
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:

TAYLOR, ROBERT
8446 99TH AVENUE
VERO BEACH, FL 32987 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: TAYLOR, ROBERT
Address: 8446 99TH AVENUE
City-St-Zip: VERO BEACH, FL 32987

Title: VP
Name: BREINLINGER, ROSEMARIE
Address: 1205 CALUSA DR
City-St-Zip: BAREFOOT BAY, FL 32976

Title: D
Name: PALOWSKI, LINDA
Address: 526 CROSS CREEK CIRCLE
City-St-Zip: SEBASTIAN, FL 32958

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

Title: S
Name: SUTHERLAND, YVONNE
Address: 327 KIWI DRIVE
City-St-Zip: BAREFOOT BAY, FL 32976

Title: D
Name: BOWERS, CAM
Address: 1611 CORAL REEF DRIVE
City-St-Zip: SEBASTIAN, FL 32958

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

T

01/16/2012

Electronic Signature of Signing Officer or Director

Date