FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:34

DOCUMENT # 729574 (4)

1. Corporation Name

SOUTHWEST FLORIDA REGIONAL MEDICAL CENTER AUXILIARY, INC.

Principal Place of Business	Mailing Address
2727 WINKLER AVE. FORT MYERS FL 33901	2727 WINKLER AVE. FORT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/03/1974
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-1736762 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29) / Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GOLDBERG, MORTON A. 2201 MAIN STREET FORT MYERS FL	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	1.1 TITLE	VPD	☒ Change ☐ Addition
NAME	PALESTRANT, MURIEL	1.2 NAME	JOYCE LEVY	
STREET ADDRESS	17210 TERRAVERDE CIR #5	1.3 STREET ADDRESS	15541 FIDDLESTICKS BLVD	
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	SD	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	MILLER, BARBARA	2.2 NAME		
STREET ADDRESS	9970-11 SAILVIEW CT	2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL	2.4 CITY-ST-ZIP		
TITLE	VPD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	GUERINO, PAULA	3.2 NAME	ARLENE WHELAN	
STREET ADDRESS	806 CYPRESS LAKE CIRCLE	3.3 STREET ADDRESS	16410 FAIRWAY WOODS DR.	
CITY-ST-ZIP	FORT MYERS FL	3.4 CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	PD	4.1 TITLE		☐ Change ☐ Addition
NAME	SABOLD, BETTY	4.2 NAME		
STREET ADDRESS	9802 HALYARDS COURT #22	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHANNEN, RALPH	5.2 NAME		
STREET ADDRESS	6631 ROLLAND CT	5.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL	5.4 CITY-ST-ZIP		
TITLE	SD	6.1 TITLE		☐ Change ☐ Addition
NAME	SCHANNEN, HELEN	6.2 NAME		
STREET ADDRESS	6631 ROLLAND COURT	6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added in an attachment with an address.

SIGNATURE: Ralph Schannen Treas. 3/23/95 813-481-5501
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Date — Daytime Phone #

000887