

FILE NOW: FILING FEE IS \$61.25

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Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729574 (4)

1. Corporation Name
SOUTHWEST FLORIDA REGIONAL MEDICAL CENTER AUXILIARY, INC.

Principal Place of Business 2727 WINKLER AVE. FORT MYERS FL 33901	Mailing Address 2727 WINKLER AVE. FORT MYERS FL 33901-9358
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 05/03/1974	3a. Date of Last Report 01/31/1996
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1736762	Applied For <input type="checkbox"/> Not Applicable
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOYCE LEVY	1.2 NAME	BARBARA MILLER
STREET ADDRESS	15541 FIDDESTICKS BLVD	1.3 STREET ADDRESS	1624 PINE VALLEY DRIVE
CITY - ST - ZIP	FT MYERS FL	1.4 CITY - ST - ZIP	FT MYERS FL VPD
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, BARBARA	2.2 NAME	BETTY SABOLD
STREET ADDRESS	1624 PINE VALLEY DRIVE	2.3 STREET ADDRESS	9602 HALYARDS COURT
CITY - ST - ZIP	FORT MYERS FL	2.4 CITY - ST - ZIP	FT MYERS FL VPD
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARLENE WHELAN	3.2 NAME	DIANA VOSS
STREET ADDRESS	16410 FAIRWAY WOODS DR.	3.3 STREET ADDRESS	5665 TRAILWINDS DRIVE
CITY - ST - ZIP	FT. MYERS FL	3.4 CITY - ST - ZIP	FT MYERS FL SD
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUERINO, PAULA	4.2 NAME	CHARLES R. MILLER
STREET ADDRESS	806 CYPRESSLAKE CIRCLE	4.3 STREET ADDRESS	16410 FAIRWAY WOODS
CITY - ST - ZIP	FT MYERS FL	4.4 CITY - ST - ZIP	FT MYERS FL PD
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BATES, WILLIAM L.	5.2 NAME	NANCY ELKIN
STREET ADDRESS	4670 BLACK BERRY DRIVE	5.3 STREET ADDRESS	5989 PARK RD., S. W.
CITY - ST - ZIP	FT MYERS FL	5.4 CITY - ST - ZIP	Fort Myers Fl TD
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOWDERS, GEORGE ANN	6.2 NAME	GEORGE ANN SOWDERS
STREET ADDRESS	1740 PINE VALLEY DRIVE	6.3 STREET ADDRESS	1740 PINE VALLEY DR.
CITY - ST - ZIP	FT MYERS FL	6.4 CITY - ST - ZIP	FT MYERS FL SD

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

CR2E037 (9/96)