

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90182 007 ****61.25

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DOCUMENT # 729574

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/03/1974

4. FEI Number

59-1736762

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD ☐ DELETE

NAME MILLER, BARBARA
STREET ADDRESS 1624 PINE VALLEY DRIVE
CITY-ST-ZIP FT MYERS FL

TITLE VPD ☒ DELETE

NAME SABOLD, BETTY
STREET ADDRESS 9602 HALYARDS COURT
CITY-ST-ZIP FORT MYERS FL

TITLE SD ☒ DELETE

NAME VOSS, DIANA
STREET ADDRESS 5665 TRAILWINDS DRIVE
CITY-ST-ZIP FT. MYERS FL

TITLE P ☒ DELETE

NAME VALENZA, ANN
STREET ADDRESS 3706 BROADWAY 33
CITY-ST-ZIP FT MYERS FL 33901

TITLE TD ☐ DELETE

NAME ELKIN, NANCY
STREET ADDRESS 5989 PARK RD., S.W.
CITY-ST-ZIP FT MYERS FL

TITLE SD ☐ DELETE

NAME SOWDERS, GEORGE ANN
STREET ADDRESS 1740 PINE VALLEY DRIVE
CITY-ST-ZIP FT MYERS FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CORRESPONDING SECRETARY

MURIEL BATES

4670 BLACKBERRY DR

FT. MYERS, FL 33905

RECORDING SECRETARY

WANDA CAMPBELL

9704 MAPLECREST CIR.

LEHIGH ACRES, FL 33936

VACANT

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99

941-939-8636

Date

Daytime Phone #

CR2E037 (1/98)