2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State
03-04-2004 90010 029 ****61.25

DOCUMENT # 729574

1. Entity 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

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1736762 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMAS, LORETTA 2727 WINKLER AVE FORT MYERS FL 33901	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Loretta Thomas DIRECTOR of VOLUNTEERS 2/12/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MILLER, BARBARA 1624 PINE VALLEY DRIVE FT MYERS FL	☒ Delete	Betty Hutchinson PRESIDENT 1 Kelp St. Alva, FL. 33920	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS GILLETTE, MAXINE 7940 GLENFINNAN CIR FORT MYERS FL 33912	☒ Delete	Lorine Weiss CORRESPONDING SECRETARY 4811 Anchorage FT. Myers, FL. 33912	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TREASURER ELKIN, NANCY 5989 PARK RD., S.W. FT MYERS FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SHEU, SHIRLEY 546 BRUCE CIR FT MYERS FL 33919	☒ Delete	Joan Newman 1st VICE PRESIDENT 15091 Bagpipe Way, #D101 FT. Myers, FL. 33912	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RS NEWMAN, JOAN 15091 BAGPIPRE WAY #D101 FT MYERS FL 33912	☒ Delete	Betty Nottling RECORDING SECRETARY 833 Porter St. E LeHigh Acres FL. 33936	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Betty Hutchinson PRESIDENT 2/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #