

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90095 030 ****61.25

0014127

DOCUMENT # 729574

1. Entity 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

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**THOMAS, LORETTA
2727 WINKLER AVE
FORT MYERS FL 33901**

7. Name and Address of New Registered Agent

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*

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

(NOTE: Registered Agent signature required when reinstating)

8/19/03
DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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

TITLE	VPB PD	<input type="checkbox"/> Delete
NAME	MILLER, BARBARA	
STREET ADDRESS	1624 PINE VALLEY DRIVE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	CS	<input checked="" type="checkbox"/> Delete
NAME	BATES, MURIEL	
STREET ADDRESS	4670 BLACKBERRY DR	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, WANDA	
STREET ADDRESS	9010 W RIDGE CT	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ELKIN, NANCY	
STREET ADDRESS	5989 PARK RD., S.W.	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHEU, SHIRLEY	
STREET ADDRESS	546 BRUCE CIR	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	RS	<input type="checkbox"/> Delete
NAME	NEWMAN, JOAN	
STREET ADDRESS	15091 BAGPIPE WAY #D101	
CITY-ST-ZIP	FT MYERS FL 33912	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILLETTE, MAXINE	
STREET ADDRESS	7940 GLENFINNAN CIR.	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Signature Required

8/19/03

239-267-1672

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)