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

APPROVED AND FILED

95 APR 18 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **730729** **(1)**

1. Corporation Name

COLUMBIA PARK MEDICAL CENTER AUXILIARY, INC.

600001459786
-04/19/95--01006--009
DO NOT WRITE IN THIS SPACE **61.25

Principal Place of Business	Mailing Address
818 S. MAIN LANE ORLANDO FL 32801	818 S. MAIN LANE ORLANDO FL 32801

3. Date Incorporated or Qualified: 09/19/1974
3a. Date of Last Report: 02/06/1994

4. FEI Number: 51-0172205 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required

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
CHAPMAN, JO ANNE 3206 COE AVE. ORLANDO FL 32806	81 Name: Fern E. Johnson 82 Street Address (P.O. Box Number is Not Acceptable): 600 Shannon Road 83 84 City: Orlando FL 85 Zip Code: 32806

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: Fern E. Johnson President 5/1/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	PRESIDENT, ☒ Change ☐ Addition
NAME	AIKEN, RENEE D	12 NAME	Aikin, Renee, D
STREET ADDRESS	818 MAIN LANE	13 STREET ADDRESS	818 MAIN LN.
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	ORLANDO, FL. 32806
TITLE	T	21 TITLE	TREASURER ☒ Change ☐ Addition
NAME	CHAPMAN, JO ANNE D	22 NAME	FERN E. JOHNSON, D
STREET ADDRESS	818 MAIN LANE	23 STREET ADDRESS	600 SHANNON RD.
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	ORLANDO, FL. 32806
TITLE	V	31 TITLE	VARGA HANSHAW ☒ Change ☐ Addition
NAME	HAMILTON, BETTE	32 NAME	818 MAIN LN. D
STREET ADDRESS	818 MAIN LANE	33 STREET ADDRESS	ORLANDO, FL 32801
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	
TITLE	VP	41 TITLE	2ND VICE PRESIDENT ☐ Change ☐ Addition
NAME	DORITY, JEANNETTE	42 NAME	DORIS KNOWLES
STREET ADDRESS	818 MAIN LANE	43 STREET ADDRESS	818 MAIN LN. D
CITY ST ZIP	ORLANDO FL	44 CITY-ST-ZIP	ORLANDO, FL. 32801
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, DORIS D	52 NAME	
STREET ADDRESS	818 MAIN LANE	53 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	ASST. TREASURER ☒ Change ☐ Addition
NAME	KNOWLES, DORIS	62 NAME	AL WAROLE
STREET ADDRESS	818 MAIN LANE	63 STREET ADDRESS	818 MAIN LN. D
CITY ST ZIP	ORLANDO FL	64 CITY-ST-ZIP	ORLANDO, FL. 32801

4/18/95 AW

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 on an attachment with an address.

SIGNATURE: Renee Aikin President CPMC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004000