

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 30 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 730729 (1)  
1. Corporation Name  
COLUMBIA PARK MEDICAL CENTER AUXILIARY, INC.



Principal Place of Business Mailing Address  
818 S. MAIN LANE 818 S. MAIN LANE  
ORLANDO FL 32801 ORLANDO FL 32801-3727

3. Date Incorporated or Qualified 09/19/1974 3a. Date of Last Report 03/04/1996

|                                |                        |   |  |
|--------------------------------|------------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address    | 4. FEI Number 51-0172205  | Applied For<br><input type="checkbox"/> Not Applicable |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required                         |
| 22 City & State                | 27 City & State        | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | \$5.00 May Be Added to Fees                            |
| 23 Zip                         | 28 Zip                 | 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 24 Country                     | 29 Country             |   |  |

9. Name and Address of Current Registered Agent

JOHNSON, FERN E  
600 SHANNON ROAD  
ORLANDO FL 32806

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 Fern E. Johnson

Fern E. Johnson

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                      | PD <input type="checkbox"/> DELETE              | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | AIKEN, RENEE                                    | 1.2 NAME  |  |
| STREET ADDRESS             | 818 MAIN LANE                                   | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | ORLANDO FL                                      | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | TD <input type="checkbox"/> DELETE              | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | JOHNSON, FERN E                                 | 2.2 NAME  |  |
| STREET ADDRESS             | 600 SHANNON RD.                                 | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | ORLANDO FL 32806                                | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VPD <input type="checkbox"/> DELETE             | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | HANSHAW, REBA                                   | 3.2 NAME  |  |
| STREET ADDRESS             | 818 MAIN LANE                                   | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | ORLANDO FL                                      | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | 2VPD <input checked="" type="checkbox"/> DELETE | 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KNOWLES, DORIS                                  | 4.2 NAME  | 2VPD Robinson Doris  |
| STREET ADDRESS             | 818 MAIN LANE                                   | 4.3 STREET ADDRESS                                    | 818 Main Lane  |
| CITY-ST-ZIP                | ORLANDO FL                                      | 4.4 CITY-ST-ZIP                                       | Orlando, FL  |
| TITLE                      | SD <input checked="" type="checkbox"/> DELETE   | 5.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ROBINSON, DORIS                                 | 5.2 NAME  | SD Hill, Dorothea  |
| STREET ADDRESS             | 818 MAIN LANE                                   | 5.3 STREET ADDRESS                                    | 818 main Lane  |
| CITY-ST-ZIP                | ORLANDO FL                                      | 5.4 CITY-ST-ZIP                                       | Orlando FL   |
| TITLE                      | ATD <input type="checkbox"/> DELETE             | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | WARDLE, AL                                      | 6.2 NAME  |  |
| STREET ADDRESS             | 818 MAIN LANE                                   | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | ORLANDO FL                                      | 6.4 CITY-ST-ZIP                                       |  |

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.

SIGNATURE Fern E. Johnson

Fern E. Johnson

407-843-4417

CR2E037 (9/96)