FILE NOW: FILING FEE IS \$611.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary & Sante

Secretary of State

DIVISION OF COMPORATIONS

1996

DOCUMENT # 731133

(5)

ORANGE PARK MEDICAL CENTER AUXILIARY, INC.

Jun 02 1996 8:00 am Secretary of State

FILED

			KINGSLEY AVENUE		T FAMILY LONDON 115M I TITMET SYNDON TITLON 1151 DITALE MINELE MINELE MINELE MINELE MINELE MINELE MINELE MINELE		
PO BOX 2000 ORANGE PARK FL 32073			PO BOX 2000				
		ORANGE PARK FL 32073		3. Date Incorporated or Qualified 11/18/1974	3a. Date of Last Report 02/07/1995		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 26					59-2248556	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #,			5.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			C. Commente di States pesinos	Fee Required	
City & State		City & State	·		6. Election Campaign Financing	\$5.00 May Be	
23		28	1 0 1	· •	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country 30		8. This corporation has liability for i	ntangible tax under s. 199.032, ☑ Yes ☑ No	
24	25 9. Name and Address of Curr	29 ant Begistered Agent	[30]		Florida Statutes L 10. Name and Address of New R		
	S. Hallo and Address of Cult	ant Hogistered Agent	81	Name	10. Hallio and Abbrook of Holl II	agiotoles rigolit	
MODEL	011000 101111 500						
KOPELOUSOS, JOHN ESQ.				Street Addr	dress (P.O. Box Number is Not Acceptable)		
1279 KINGSLEY AVE., SUITE 118			83				
UHANG	E PARK FLORIDA FL 32073		**				
			84	City		FL 85 Zip Code	
~ -							
or registe	ered agent, or both, in the State of Fig	orida. Such change was authori	zed by the corp	named corpor oration's boar	ation submits this statement for the pur rd of directors. I hereby accept the appo	pase at changing its registered offici pintinent as registered agent. I am	
 familiar v 	vith, and accept the obligations of, Se	ection 617.0503, Florida Statute	s.		, , ,	ů č	
GNATURE							
	Signature typed or printed name of registered ay		OTE Hagistered Ager	it signature required	d when reinstating) ADDITIONS CHANGES TO OFF	DATE	
12.	OFFICERS A	ND DIRECTORS ☑ DELETE		10			
TITLE *	MANIPUOVIDY CHAPLOTTE		1 1 TITLE	J.	Contak, Sourch 1 1/11 Charaghton k Charaghton K Charaghton K	. Change In Addition	
NAME	VANBUSKIRK, CHARLOTTE		1.2 NAME		relation described	w (
STREET ADDRESS				ADDRESS /	XV C K C (9)\$ (0)5 (en e	
CITY-ST-ZIP	ORANGE PARK FL	Finciere	1.4 CITY - 5	ST-ZIP (DATE LEVEL TO THE STATE OF THE	Change Addition	
TITLE	WORKE MADY 10	DELETE	2 1 TITLE			Change - Mudition	
NAME	HORNE, MARY JO	•	2 2 NAME				
STREET ADDRESS		SI .	2 3 STREET	ADDRESS			
CITY - ST - ZIP	ORNAGE PARK FL		2 4 CITY -	ST - ZIP	1/13		
TITLE	PD	DELETE	3 1 TITLE	,	Contract to	Change Addition	
NAME	NELSON, JUNE		3.2 NAME	1	lether Chilly De		
STREET ADDRESS		(3 3 STREET	ADDRESS	5.5	5 CG	
CITY-ST-ZIP	ORANGE PARK FL	. Figures	3 4. CITY -	ST-ZIP C	10 Links Contex, Be 334 Cld Jekings TENKY LAVE, T Feltz, Beverly 606 Park Avenue	- (2) (K) (C) (C)	
TITLE	VD	DELETE	4 1 TITLE	19	Feltz Beverly	Unange K Addition	
NAME	CAMPBELL, MARTHA		4 2 NAME		606 Park HURNIE	: HP(110 : 25473	
STREET ADDRESS			4 3 STREE	ADDRESS	ORANGE PARKIFI	27013	
CITY-ST-ZIP	ORANGE PARK FL		4.4 CiTY - 5		-		
TITLE	V	;QELFTE	5 1 TITLE	D			
NAME	DAVIS, NATALIE	/	5.2 NAME		-06/04/96010	W9031	
STREET ADDRESS			5.3 STREE	ADDRESS .	***62.50		
CITY-ST-ZIP	ORANGE PARK FL		5.4 CHTY - 3	ST-ZIP			
TITLE	X	DELETE	61 TITLE	N	7 ·	Change Addition	
NAME	HAICK, MARIA		6.2 NAME			6-2-3	
STREET ADDRESS	2556 WINDWOOD LN		63 STREE	T ADDRESS		a de la companya della companya della companya de la companya della companya dell	
CITY-ST-ZIP	ORANGE PARK FL		6.4 CITY-	S1-21P		33673	
		d with this filing is voluntarily fur			or the exemption stated in Section 119.	07(3)(k), Florida Statutes. I further	

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)(k), 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9:4-2(7-4(4))
Daytina Phone #