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Feb 17 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 # **731133** **(5)**

1. Corporation Name

ORANGE PARK MEDICAL CENTER AUXILIARY, INC.

Principal Place of Business	Mailing Address
2001 KINGSLEY AVENUE PO BOX 2000 ORANGE PARK FL 32073	2001 KINGSLEY AVENUE PO BOX 2000 ORANGE PARK FL 32073-5111

3. Date Incorporated or Qualified: **11/18/1974**
3a. Date of Last Report: **06/02/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-2248556** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KOPELOUSOS, JOHN ESQ.
1279 KINGSLEY AVE., SUITE 118
ORANGE PARK FLORIDA FL 32073

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	XX DELETE	1.1 TITLE	T	XX Change ☐ Addition
NAME	FUTCH, JEWEL T		1.2 NAME	MUSIELAK, HELEN J	
STREET ADDRESS	711 CREIGHTON ROAD		1.3 STREET ADDRESS	1539 LEESTAN CT.	
CITY-ST-ZIP	ORANGE PARK FL 32073		1.4 CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HORNE, MARY JO		2.2 NAME		
STREET ADDRESS	2675 HOLLYPOINT RD EAST		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORNAGE PARK FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCLANE-CARTER, BEULAH		3.2 NAME		
STREET ADDRESS	334 OLD JENNINGS ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32065		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE	V	XX Change ☐ Addition
NAME	FELTZ, BEVERLY		4.2 NAME		
STREET ADDRESS	606 PARK AVENUE APT 110		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32073		4.4 CITY-ST-ZIP		
TITLE	D	XX DELETE	5.1 TITLE	S	☐ Change XX Addition
NAME	DAVIS, NATALIE		5.2 NAME	NIVEN, SYLVIA	
STREET ADDRESS	548 SAN ROBAR DR		5.3 STREET ADDRESS	1117 ARBOR CIRCLE	
CITY-ST-ZIP	ORANGE PARK FL		5.4 CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	V	XX DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HAICK, MARIA		6.2 NAME		
STREET ADDRESS	2556 WINDWOOD LN		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: SIGNATURE REQUIRED Mary Jo Haick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0001014