# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 15, 2001 8:00 am**
**Secretary of State**
01-16-2001 90092 030 ****61.25

DOCUMENT # 731133

1. Entity Name

ORANGE PARK MEDICAL CENTER AUXILIARY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2001 KINGSLEY AVENUE<br>PO BOX 2000<br>ORANGE PARK FL 32073 | 2001 KINGSLEY AVENUE<br>PO BOX 2000<br>ORANGE PARK FL 32073 |

DO NOT WRITE IN THIS SPACE

| 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 NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| KOPELOUSOS, JOHN ESQ.<br>1279 KINGSLEY AVE., SUITE 118<br>ORANGE PARK FLORIDA FL 32073 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.

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

| FILE NOW: FEE IS $61.25 | 9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees | Make Check Payable to Department of State |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MCLANE-CARTER, BEULAH<br>334 OLD JENNINGS RD<br>ORANGE PARK FL 32065 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>President<br>Beverly Feltz<br>606 Park Ave # 110<br>Orange Park Fl 32073 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>LANGRALL, MARY JANE<br>1906 GROVE PK DR<br>ORNAGE PARK FL 32073 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Mary Jane Langrall<br>1906 Grove PK Dr.<br>Orange Park Fle 32073 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>JENSEN, MARJORIE<br>919 RIDGE WALL CT<br>ORANGE PARK FL 32065 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>Margaret P. Harvey<br>531 Charles Pickney<br>Orange Park Fl 32073 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>MASON, EVA<br>399 OLD FIELD DR<br>ORANGE PARK FL 32073 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Mason Eva<br>399 Old Field Dr.<br>Orange Park Fle 32073 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>WILLIAMS, PAUL D<br>188 VANDERFORD RD W<br>ORANGE PARK FL 32073 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Tres.<br>Helen Musielak<br>1539 Leestan Crt<br>Orange Park, Fl 32073 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>STAHL, DOLORES<br>4118 PINTO RD<br>MIDDLEBURG FL 32068 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary<br>Margaret Hopkins<br>3763 Randall Rd<br>Green Cove Springs, Fl 32043 | ☐ Change ☐ Addition |

CR2E037 (10/00)

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: Beverly Feltz SIGNATURE REQUIRED Feltz 1-8-01 904-276-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #