## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Helen Musiciak REO

## Jan 29, 2002 8:00 am Secretary of State **DOCUMENT # 731133** 1. Entity Name ORANGE PARK MEDICAL CENTER AUXILIARY, INC. 01-29-2002 90042 001 \*\*\*\*70.00 Mailing Address Principal Place of Business 2001 KINGSLEY AVENUE 2001 KINGSLEY AVENUE PO BOX 2000 PO BOX 2000 **ORANGE PARK FL 32073** ORANGE PARK FL 32073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State NOT APPLICABLE Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KOPELOUSOS, JOHN ESQ. 1279 KINGSLEY AVE., SUITE 118 **ORANGE PARK FLORIDA FL 32073** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (9/01)☐ Addition PD TITLE Delete TITLE Feltz. Beverly NAME NAME STREET ADDRESS STREET ADDRESS 1606 Park avenue #10 City-ST-7IP CITY-ST-ZIP **ORANGE PARK FL 32073** ☐ Addition Change TITLE ☑ Delete TITLE Beulah McLane Carter LANGRALL, MARY JANE NAME NAME STREET ADDRESS 334 Jennings Rd 1906 GROVE PK DR. STREET ADDRESS CITY-ST-ZIP Orange Park, F1 32065 CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Addition Change ☐ Delete TITLE TITLE HARVEY, MARGARET P/ NAME NAME STREET ADDRESS 531 CHARLES PICKNEY STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **ORANGE PARK FL 32073** 🖵 Change .... 🖃 Addition-TITLE VPD) X Delete MASON, EVA NAME NAME Bernadena Hefty STREET ADDRESS 399 OLD FIELD DR STREET ADDRESS 2201 George Wythe Rd CITY-ST-7IP CITY-ST-ZIP **ORANGE PARK FL 32073** Orange Park F1 32073 Change ☐ Addition ☐ Delete TITLE NAME Musielak, Helen NAME STREET ADDRESS STREET ADDRESS 1539 LEESTAN CRT CITY-ST-ZIP ORANGE PARK FL 32073 CITY-ST-ZIP ☐ Addition X Change TITLE Delete TITLE S NAME HPKINS, MARGARET NAME Margaret Jansen STREET ADDRESS STREET ADDRESS |3763 RANDALL ROAD 919 Ridgewall Crt CITY-ST-ZIP CITY: ST-ZIP GREEN COVE SPRINGS FL 32043 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

**FILED** 

269-2085