# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 20, 2005 8:00 am**
**Secretary of State**
01-20-2005 90021 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 |

01132005 Chg-NP CR2E037 (10/03)

| 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is $61.25**
**Due by May 1, 2005**

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

**Make check payable to Florida 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>LANGRALL, MARY JANE<br>1906 GROVE PARK DR<br>ORANGE PARK, FL 32073 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PE<br>MUSIELAK, HELEN<br>1539 LEE STAN CT<br>ORANGE PARK, FL 32073 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 1V<br>JANSEN, MARGARET<br>919 RIDGEWALL CT<br>ORANGE PARK, FL 32065 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 2V<br>MCLANE-CARTER, BEULAH<br>334 JENNINGS RD<br>ORANGE PARK, FL 32065 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>PATZ, ERNEST<br>223 ASTOR ST APT DAZI<br>ORANGE PARK, FL 32073 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Helen Musielak<br>1539 Leestan ct<br>Orange Park Fl 32073<br>Tres. | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>KLOTER, MARQUERITE<br>1523 IRISH WOOD CT<br>MIDDLEBURG, FL 32068 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** Helen Musielak Tres - Helen Musielak 1-14-05 904-269-2085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #