


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90005 028 ****61.25

DOCUMENT # 731133			
1. Entity Name ORANGE PARK MEDICAL CENTER AUXILIARY, INC.			
Principal Place of Business 2001 KINGSLEY AVENUE PO BOX 2000 ORANGE PARK FL 32073		Mailing Address 2001 KINGSLEY AVENUE PO BOX 2000 ORANGE PARK FL 32073	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/07)

4. FEI Number NO-T APPLICABLE		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
KOPELOUSOS, JOHN ESQ. 1279 KINGSLEY AVE., SUITE 118 ORANGE PARK FLORIDA FL 32073		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City
		FL Zip Code

B. 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 John Kopeoulosos, Esq 2-4-08
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 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JANSEN, MARGARET 919 RIDGEWOOD CT ORANGE PARK FL 32065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE MCLAIN-CARTER, BEULAH 334 JENNINGS RD ORANGE PARK FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MCLANE-CARTER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1V HEINRICHER, JANE 1747 OAK GROVE CIR GREEN COVE SPRINGS FL 32043 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V WATSON, EDE 5436 MORSE AVE JACKSONVILLE FL 32244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KLOTER, MARQUERITE 1523 IRISH WOOD CT MIDDLEBURG FL 32068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POWELL, PATRCIA 392 EDSON DR ORANGE PARK FL 32073 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5 LOIS BATTISTI 622 HAWKES IS. DR. GREEN COVE SPRINGS, FL 32043

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: MARGUERITE KLOTER Marguerite Kloter 2-4-08 904-272-9199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davids Form #