

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731133

FILED
Jan 06, 2010
Secretary of State

Entity Name: ORANGE PARK MEDICAL CENTER AUXILIARY, INC.

Current Principal Place of Business:

2001 KINGSLEY AVENUE
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

2001 KINGSLEY AVE.
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 59-2248556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOPELOUSOS, JOHN ESQ.
2001 KINGSLEY AV.
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: MC LANE-CARTER, BEULAH
Address: 334 OLD JENNINGS ROAD
City-St-Zip: ORANGE PARK, FL 32065

Title: PE
Name: HEINRICHER, JANE
Address: 1747 OAK GROVE CIR
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: 1V
Name: WATSON, EDE
Address: 5436 MORSE AVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: T
Name: KLOTER, MARQUERITE
Address: 1523 IRISH WOOD CT
City-St-Zip: MIDDLEBURG, FL 32068

Title: S
Name: BEESON, BONNIE
Address: 325 CANIS DRIVE W
City-St-Zip: ORANGE PARK, FL 32073

Title: CS
Name: POSTON, ROSEMARY
Address: 548 WILLIAM PACA ST
City-St-Zip: ORANGE PARK, FL 32073

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARGUERITE KLOTER

TREA

01/06/2010

Electronic Signature of Signing Officer or Director

Date