

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731133

FILED
Jan 04, 2012
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 (X)**

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: WILLETT, STEPHEN
Address: 2669 COUNTRY CLUB BLVD
City-St-Zip: ORANGE PARK, FL 32073

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

Title: S
Name: FOSTER, GENEVA
Address: 594 RICHARD LEE ST
City-St-Zip: ORANGE PARK, FL 32073

Title: T
Name: KLOTER, MARGUERITE
Address: 1523 IRISHWOOD CT.
City-St-Zip: MIDDLEBURG, FL 32068

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

T

01/04/2012

Electronic Signature of Signing Officer or Director

Date