# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 21, 2003 8:00 am**
**Secretary of State**
01-21-2003 90547 007 ****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 |

☐ CHECK HERE IF MAKING CHANGES

| 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

**FILE NOW: FEE IS $61.25**

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>FELTZ, BEVERLY<br>606 PARK AVENUE #10<br>ORANGE PARK FL 32073 | ☐ Delete XXXX | Margaret Harvey/Pres<br>1531 Charles Pickney<br>Orange Park Fl 32073 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>CARTER, BEULAH MCLANE<br>334 JENNINGS RD<br>ORANGE PARK FL 32065 | ☒ Delete | President Elect<br>Marguerite Kloter<br>1523 Irishwood Ct<br>Orange Park Fl 32073 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>HARVEY, MARGARET P/<br>531 CHARLES PICKNEY<br>ORANGE PARK FL 32073 | ☒ Delete | Beulah McLane Carter VP<br>334 Jennings RD<br>Orange Park, Fl 32065 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>HEFTY, BERNADENA<br>2201 GEORGE WYTHE RD<br>ORANGE PARK FL 32073 | ☒ Delete | Gail Cavalli/2nd VP<br>1883 Commodore Dr<br>Orange Park.Fl 32203 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>MUSIELAK, HELEN<br>1539 LEESTAN CRT<br>ORANGE PARK FL 32073 | ☐ Delete XX | Patricia Vanek/Tres<br>813 Basswood Ct<br>Orange Park, Fl 32065 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>JANSEN, MARGARET.<br>919 RIDGEWALL CRT<br>ORANGE PARK FL 32065 | ☐ Delete | Same | ☐ Change ☐ Addition |

CR2E037 (10/02)

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.

904-277

SIGNATURE: Patricia Vanek PATRICIA VANEK TRES 1-14-03 4367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #