2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#731490

FILED Jun 29, 2009 Secretary of State

Entity Name: BLAKE MEDICAL CENTER AUXILIARY, INC.

Current Principal Place of Business:		New Princ	New Principal Place of Business:	
2020 59TH	DICAL CENTER ST. W. DN, FL 34209			
Current Mailing Address:		New Maili	New Mailing Address:	
2020 59TH BRADENT(ST. W. DN, FL 34209			
	e with s. 607.193(2)(b), F.S., the corporation did not rec	•	e.	
Name and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:	
2020 59TH	PRICILLA L. ST. W. DN, FL 34209 US			
The above in the State	named entity submits this statement for the purpo of Florida.	ose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	E:			
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () Delete JOHNSON, JUDY 1305 58TH ST. W. BRADENTON, FL 34209	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete RENNIE, MAJORIE 5517 10TH AVE DR WEST BRADENTON, FL 34209	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition RENNIE, MAJORIE 5517 10TH AVE DR WEST BRADENTON, FL 34209	
Title: Name: Address: City-St-Zip:	T () Delete COOK, JUDITH 8803 53RD AVE W BRADENTON, FL 34210	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () Delete THEURER, ANN 4811 21ST AVE. W. BRADENTON, FL 34209	Title: Name: Address: City-St-Zip:	P (X) Change () Addition THEURER, ANN 4811 21ST AVE. W. BRADENTON, FL 34209	
Title: Name: Address: City-St-Zip:	P () Delete FULLRIEDE, JAN 7301 29TH AVE DR WEST #4-202 BRADENTON, FL 34209	Title: Name: Address: City-St-Zip:	S (X) Change () Addition WILLIAMS, ROY 1337 PERICO PT. CIR BRADENTON, FL 34209	
Title: Name: Address: City-St-Zip:	D () Delete THEURER, WALTER 4811 21ST AVE. W. BRADENTON, FL 34209	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JUDITH K. COOK T 06/29/2009