

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731490

FILED
Apr 13, 2011
Secretary of State

Entity Name: BLAKE MEDICAL CENTER AUXILIARY, INC.

Current Principal Place of Business:

BLAKE MEDICAL CENTER
2020 59TH ST. W.
BRADENTON, FL 34209

New Principal Place of Business:

Current Mailing Address:

2020 59TH ST. W.
BRADENTON, FL 34209

New Mailing Address:

FEI Number: 59-1623806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARRISH, PRICILLA L.
2020 59TH ST. W.
BRADENTON, FL 34209 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: D
Name: FULLRIEDE, JAN
Address: 7301 29TH AVE DR. W #4202
City-St-Zip: BRADENTON, FL 34209

Title: VP
Name: RENNIE, MAJORIE
Address: 5517 10TH AVE DR WEST
City-St-Zip: BRADENTON, FL 34209

Title: T
Name: COOK, JUDITH
Address: 8803 53RD AVE W
City-St-Zip: BRADENTON, FL 34210

Title: P
Name: THEURER, ANN
Address: 4811 21ST AVE. W.
City-St-Zip: BRADENTON, FL 34209

Title: S
Name: WILLIAMS, ROY
Address: 1337 PERICO PT. CIR
City-St-Zip: BRADENTON, FL 34209

Title: D
Name: THEURER, WALTER
Address: 4811 21ST AVE. W.
City-St-Zip: BRADENTON, FL 34209

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: JUDITH K. COOK /TREASURER

T

04/13/2011

Electronic Signature of Signing Officer or Director

Date