

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90022 039 \*\*\*\*61.25

**DOCUMENT # 734223**

1. Entity Name  
**OSCEOLA REGIONAL MEDICAL CENTER AUXILIARY,  
INC.**



Principal Place of Business  
**700 W. OAK ST.  
PO BOX 458004  
KISSIMMEE, FL 34745**

Mailing Address  
**700 W. OAK ST.  
PO BOX 458004  
KISSIMMEE, FL 34745**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1687353**

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

**SIMPSON, SHIRLEY  
2000 EAST HILLCREST ST  
APT 812  
ORLANDO, FL 32803**

Name  
**Etta Jeannie Platt**

Street Address (P.O. Box Number is Not Acceptable)

**13050 Island Breeze Court**

City

**Orlando**

**FL**

Zip Code  
**32824**

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 *Etta Jeannie Platt - Pres.* **ETTA JEANNIE PLATT**

**2/8/08**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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  
VP  
PLATT, ETTA J  
13050 ISLAND BREEZE CT  
ORLANDO, FL 32824 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
DEE AGRESTI  
3248 RIVER BRANCH CR  
KISSIMMEE FL 34741 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
BRATHWAITE, GLORIA  
434 LYTTON CIR.  
ORLANDO, FL 32824 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CS  
DARNELL, CAROL  
2689 MILL RUN BLVD.  
KISSIMMEE, FL 347443020 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CS  
Kathleen Zappia  
3107 Pebble Court  
Kissimmee, FL 34741 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VT  
JOHNSTON, NAN  
196 VENTURA RD  
POINCIANA, FL 34759 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VT  
Carol Panagoulis  
585 Sienna Drive  
Poinciana, FL 34759 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: *Gloria Brathwaite* **GLORIA BRATHWAITE** **2/13/08-407-859-9904**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #