

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734223

FILED
Jan 12, 2009
Secretary of State

Entity Name: OSCEOLA REGIONAL MEDICAL CENTER AUXILIARY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

700 W. OAK ST.
KISSIMMEE, FL 34741

Current Mailing Address:

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

New Mailing Address:

700 W. OAK ST.
KISSIMMEE, FL 34741

FEI Number: 59-1687353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLATT, ETTA J
13050 ISLAND BREEZE CT
ORLANDO, FL 32824 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: VP () Delete
Name: AGRESTI, DEE
Address: 3248 RIVER BRANCH CIR
City-St-Zip: KISSIMMEE, FL 34741

Title: T () Delete
Name: BRATHWAITE, GLORIA
Address: 434 LYTTON CIR
City-St-Zip: ORLANDO, FL 32824

Title: CS () Delete
Name: ZAPPIA, KATHLEEN
Address: 3107 PEBBLE CT
City-St-Zip: KISSIMMEE, FL 34741

Title: VT () Delete
Name: PANAGOULIS, CAROL
Address: 585 SIENNA DR
City-St-Zip: KISSIMMEE, FL 34759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: ZAPPIA, ANTHONY
Address: 3107 PEBBLE COURT
City-St-Zip: KISSIMMEE, FL 34741

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GLORIA BRATHWAITE

TREA

01/12/2009

Electronic Signature of Signing Officer or Director

Date