

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734223

FILED
Mar 01, 2010
Secretary of State

Entity Name: OSCEOLA REGIONAL MEDICAL CENTER AUXILIARY, INC.

Current Principal Place of Business:

700 W. OAK ST.
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

700 W. OAK ST.
KISSIMMEE, FL 34741

New Mailing Address:

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:

ZAPPIA, ANTHONY J
3107 PEBBLE COURT
KISSIMMEE, FL 34741 US

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: ANTHONY ZAPPIA

03/01/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP
Name: JOHNSTON, NAN
Address: 196 VENTANA DRIVE
City-St-Zip: POINCIANA, FL 34759

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

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

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

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: ANTHONY ZAPPIA

PRES

03/01/2010

Electronic Signature of Signing Officer or Director

Date