

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734223

FILED
Jan 03, 2011
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:

ZAPPIA, ANTHONY J
3107 PEBBLE COURT
KISSIMMEE, FL 34741 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
Name: JOHNSTON, NAN
Address: 196 VENTANA DRIVE
City-St-Zip: POINCIANA, FL 34759 US

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

Title: CS
Name: WHARTON, GEORGIA
Address: 4130 BLACK POWDER WAY
City-St-Zip: KISSIMMEE, FL 34746 US

Title: VT
Name: PLATT, ETTA
Address: 13050 ISLAND BREEZE COURT
City-St-Zip: ORLANDO, FL 32824 US

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: GLORIA BRATHWAITE

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01/03/2011

Electronic Signature of Signing Officer or Director

Date