

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 734489 (8)**  
1. Corporation Name  
**THE CAPE CORAL MEDICAL CENTER AUXILIARY, INC.**



Principal Place of Business  
**636 DEL PRADO PKWY  
CAPE CORAL FL 33904**

Mailing Address  
**636 DEL PRADO PKWY  
CAPE CORAL FL 33904**

3. Date Incorporated or Qualified  
**12/01/1975**

3a. Date of Last Report  
**06/13/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-1647870</b>		Applied For Not Applicable	
21		26					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip <b>33990</b>		Country		Zip <b>33990</b>		Country	
24		25		29		30	

## 9. Name and Address of Current Registered Agent

**BICKNESE, SUSAN R.  
413 S.E. 42ND TERRACE  
CAPE CORAL FL 33904**

## 10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>ANDRAE, JANE</b>	
STREET ADDRESS	<b>1945 BEACH PKWY #114</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>HOERBELT, GERARD</b>	
STREET ADDRESS	<b>5121 SUNNYBROOK CT 27</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>SMITH, PAT</b>	
STREET ADDRESS	<b>2212 SE 26TH ST</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>BAIR, RICHARD</b>	
STREET ADDRESS	<b>P OBOX 11</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>BICKNESE, SUSAN</b>	
STREET ADDRESS	<b>413 SE 42ND TERRACE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	CS	<input type="checkbox"/> DELETE
NAME	<b>SLOAN, JEQUELINE</b>	
STREET ADDRESS	<b>2516 SE 12TH PL</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>BAIER, RICHARD</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Richard Bair*

*Feb. 8, 1996*

*941 574-0206*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)