

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 736153 (8)  
1. Corporation Name  
COLUMBIA MEDICAL CENTER DAYTONA  
AUXILIARY, INC.

Principal Place of Business Mailing Address  
400 North Clyde Morris Blvd. (Same)  
P.O. Box 9000  
Daytona Beach, FL 32114

3. Date incorporated or Qualified 06/18/1976 3a. Date of Last Report 03/02/95

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt #, etc	26 Suite, Apt #, etc	59-1693240	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

## 9. Name and Address of Current Registered Agent

Karla Langlotz  
400 N. Clyde Morris Blvd.  
Daytona Beach, FL 32120

## 10. Name and Address of New Registered Agent

81 Name JOHN A. CORBETT  
82 Street Address (P.O. Box Number is Not Acceptable) 400 N. Clyde Morris Blvd.  
83  
84 City Daytona Beach FL 85 Zip Code 32120

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 of board or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when resigning)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	DE	DELETE
NAME	Patricia Carpenter	
STREET ADDRESS	100 Inlet Shores Dr.	
CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE	PE	DELETE
NAME	Charles bryson	
STREET ADDRESS	1803 Persimmon Circle	
CITY-ST-ZIP	Edgewater, FL 32132	
TITLE	V	DELETE
NAME	Barbara DeSimone	
STREET ADDRESS	1304 Flintlock Dr.	
CITY-ST-ZIP	Daytona Beach, FL 32119	
TITLE	S	DELETE
NAME	Tee Jay Bennett	
STREET ADDRESS	148 Grebe CT.	
CITY-ST-ZIP	Daytona Beach, FL 32119	
TITLE	T	DELETE
NAME	Will Bennett	
STREET ADDRESS	148 Grebe Ct.	
CITY-ST-ZIP	Daytona Beach, FL 32119	

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

11 TITLE	Change Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	Change Addition
21 TITLE	Change Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	Change Addition
31 TITLE	Change Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	Change Addition
41 TITLE	Change Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	Change Addition
51 TITLE	Change Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	Change Addition
61 TITLE	Change Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	Change Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (12/95)