2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 16, 2005 8:00 am Secretary of State

DOCUMENT # 739150 1. Entity Name BRANDON HOSPITAL AUXILIARY, INC.							02-16-2003 90016 004 *****/0.00				
				Address KFIELD DRIVE ON, FL 33511				40010/3/			
2. Principal P	tace of Busin	ess	3. Mailing	Address							
Suite, Apt.	#, etc.		Suite	Apt. #, etc.			02082005	Chg-NP	CR2E03	7 (10/03)	
City & State			City & State				4. FEI Numbe 59-1745				plied For at Applicable
Zip	Zip Country		Zip	Cour		ntry	5. Certificate	5. Certificate of Status Desired \$8.75 Addition Fee Required			
	6. Name	and Address of Current	Registered	Agent			7. Name and	Address of New	Registered A	gent	
MCKELL, I		4)				Name Street Addres	ss (P.O. Box Numbe	er is Not Acceptab	ile)		
119 OAKF BRANDON	IELD DRI\	/E					· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
						City			FL	Zip Code	θ
	named entity	y submits this statement for ered agent.	or the purpos	e of changing its r	egister	ed office or regi	stered agent, or bot	h, in the State of F	lorida. I am f	amiliar with,	and accept
SIGNATURĘ .	Slonehire typed	ckell L or printed name of registared agon)eb	ra		-			DATE	, ·	· · · · · · · · ·
,,	0.11.0.00	or printed have or regulation agos	nt and tine if applice	ble. (NOTE:	Registere	o Agent signature rect	uired when reinstating)		DATE		
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10.	Filling Fe Due by N	e is \$61.25 May 1, 2005 OFFICERS AND D		9. Election Cam Trust Fund Ca	paign Fontribut	inancing lon.	\$5.00 May B Added to Fees ADDITIONS/CH/		Make check orida Depart	ment of SI	late
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I nereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental 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 positive or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	- E GI		PRINTED NAME OF SIGNING OFFICE	ER OR DIRECTOR	<u> </u>	Date	Daytime Phone #
CICALATUDE.		Jarma	Transell	Noema	(romell	2/10	105 813-684-879