# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 26, 2012**
**Secretary of State**

DOCUMENT# 739150

**Entity Name:** BRANDON HOSPITAL AUXILIARY, INC.

**Current Principal Place of Business:**

C/O BRANDON HOSPITAL AUXILLARY, INC.
119 OAKFIELD DRIVE
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BRANDON HOSPITAL AUXILLARY, INC.
119 OAKFIELD DRIVE
BRANDON, FL 33511

**New Mailing Address:**

**FEI Number: 59-1745948** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MONTGOMERY, PATTY
(HOSPITAL LIAISON)
119 OAKFIELD DRIVE
BRANDON, FL 33511 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: P
Name: MELNYK, SALLY
Address: 4406 ARRANMORE CIRCLE
City-St-Zip: VALRICO, FL 33596

Title: VP
Name: MARY, HUMBERSON
Address: 1216 E. CAMILLIA DRIVE
City-St-Zip: BRANDON, FL 33510

Title: T
Name: RAGGHIANTI, ERIC S
Address: 2606 BROOKER TRACE LANE
City-St-Zip: VALRICO, FL 33596

Title: T
Name: BONHAM, JOYCE
Address: 1606 LOGHILL PL
City-St-Zip: BRANDON, FL 33510

Title: S
Name: HUMBERSON, TIM
Address: 1216 E. CAMILLIA DRIVE
City-St-Zip: BRANDON, FL 33510

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: ERIC RAGGHIANTI TREA 04/26/2012

Electronic Signature of Signing Officer or Director — Date