

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 740945 (1)
1. Corporation Name

MEMORIAL HOSPITAL JACKSONVILLE AUXILIARY, INC.

Principal Place of Business Mailing Address
3625 UNIVERSITY BLVD., SOUTH JACKSONVILLE FL 32216
3625 UNIVERSITY BLVD., SOUTH JACKSONVILLE FL 32216-42073. Date Incorporated or Qualified 02/05/1977
3a. Date of Last Report 02/06/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1839948		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
City & State		City & State					
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEIGER, ALLAN T.
1300 GULF LIFE DR., STE 800
JACKSONVILLE FL 32207

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, JACKIE	1.2 NAME	Ward, Sue
STREET ADDRESS	181 ALDERSGATE DRIVE	1.3 STREET ADDRESS	2313 Brest Road
CITY - ST - ZIP	GREEN COVE SPRINGS FL	1.4 CITY - ST - ZIP	Jacksonville, Fl. 32216
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, SUE	2.2 NAME	Price, JoAnne
STREET ADDRESS	2313 BREST ROAD	2.3 STREET ADDRESS	8269 Sanlando Avenue
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	Jacksonville, Fl. 32211
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	RST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, JOANNE	3.2 NAME	Grundig, Nina
STREET ADDRESS	8269 SANLANDO AVENUE	3.3 STREET ADDRESS	5431 Lori Drive South
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	Jacksonville, Fl. 32207
TITLE	RST <input type="checkbox"/> DELETE	4.1 TITLE	CST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWERY, FLO	4.2 NAME	Smith, Eileen
STREET ADDRESS	5201 ATLANTIC BLVD, # 78	4.3 STREET ADDRESS	12548 Masters Ridge Drive
CITY - ST - ZIP	JACKSONVILLE FL	4.4 CITY - ST - ZIP	Jacksonville, Fl. 32225
TITLE	CST <input type="checkbox"/> DELETE	5.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITTMAN, JANE	5.2 NAME	Gordon, Jan
STREET ADDRESS	13236 MARYWEATHER CT	5.3 STREET ADDRESS	8210 Lakemont Drive
CITY - ST - ZIP	JACKSONVILLE FL	5.4 CITY - ST - ZIP	Jacksonville, Fl. 32216
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRWON, MARY	6.2 NAME	Lauzon, Mary
STREET ADDRESS	1207 ARLINGWOOD AVE	6.3 STREET ADDRESS	211 Glynlea Road
CITY - ST - ZIP	JACKSONVILLE FL	6.4 CITY - ST - ZIP	Jacksonville, Fl. 32216

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Sue Ward* REQUIRED

3/18/97

725-9251

CR2E037 (9/96)