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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740945

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

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualified: 02/05/1977

4. FEI Number: 59-1839948 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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: Mary Lauzon - Treasurer — Mary R. Lauzon — 1/9/99 — 1-08-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	XX ☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ADAMS, JACKIE		1.2 NAME	JoAnne Price	
STREET ADDRESS	181 ALDERSGATE DRIVE		1.3 STREET ADDRESS	8269 Sanlando	
CITY-ST-ZIP	GREEN COVE SPRINGS FL		1.4 CITY-ST-ZIP	Jacksonville, Fl. 32211	
TITLE	PD	XX ☐ DELETE	2.1 TITLE	PD	☐ Change X ☐ Addition
NAME	WARD, SUE		2.2 NAME	Jan Gordon	
STREET ADDRESS	2313 BREST ROAD		2.3 STREET ADDRESS	8210 Lakemont Drive	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, Fl. 32216	
TITLE	VPD	XX ☐ DELETE	3.1 TITLE	VPD	☒ Change ☐ Addition
NAME	PRICE, JOANNE		3.2 NAME	Irene Mader	
STREET ADDRESS	8269 SANLANDO AVENUE		3.3 STREET ADDRESS	3419 Catamaran	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jacksonville, Fl. 32223	
TITLE	RST	XX ☐ DELETE	4.1 TITLE	RST	☒ Change ☐ Addition
NAME	TOWERY, FLO		4.2 NAME	Betty Collins	
STREET ADDRESS	5201 ATLANTIC BLVD, # 76		4.3 STREET ADDRESS	5220 Burdette Road	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Jacksonville, Fl. 32211	
TITLE	CST	XX ☐ DELETE	5.1 TITLE	CST	☒ Change ☐ Addition
NAME	WITTMAN, JANE		5.2 NAME	Louise MACARAGES	
STREET ADDRESS	13236 MARYWEATHER CT		5.3 STREET ADDRESS	2666 Nicholas Cir. W.	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	Jacksonville, Fl. 32207	
TITLE	T	XX ☐ DELETE	6.1 TITLE	T	☒ Change ☐ Addition
NAME	BRWON, MARY		6.2 NAME	Mary Lauzon	
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	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Mary Lauzon - Treasurer SIGNATURE REQUIRED — Mary R. Lauzon — 1-08-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — 904 391 1594 Daytime Phone #