2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2005
Secretary of State

DOCUMENT# 740945

Entity Name: MEMORIAL HOSPITAL JACKSONVILLE AUXILIARY, INC.

Current Principal Place of Business:

3625 UNIVERSITY BLVD., SOUTH
JACKSONVILLE, FL 32216

New Principal Place of Business:

3627 UNIVERSITY BLVD., SOUTH
SUITE 140
JACKSONVILLE, FL 32216

Current Mailing Address:

3625 UNIVERSITY BLVD., SOUTH
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-1839948 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

MEMORIAL HOSPITAL JACKSONVILLE
3627 UNIVERSITY BLVD. SOUTH
SUITE 140
JACKSONVILLE, FL 32216 US

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: SUSAN G. BOWEN 07/06/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: SHALIK, LORETTA
Address: 3760 UNIVERSITY BLVD S. #1067
City-St-Zip: JACKSONVILLE, FL 32216

Title: PD ( ) Delete
Name: MACARAGES, LOUISE
Address: 2666 NICHOLAS CIRCLE
City-St-Zip: JACKSONVILLE, FL 32207

Title: CST ( ) Delete
Name: WARREN, FLO
Address: 7165 SAN SOUCE RD
City-St-Zip: JACKSONVILLE, FL 32216

Title: RST ( ) Delete
Name: SADLER, LLEWELLYN
Address: 12847 SWAMP OWL LN.
City-St-Zip: JACKSONVILLE, FL 32258

Title: CST ( ) Delete
Name: YARBOROUGH, MAXINE
Address: 1351 JEAN COURT
City-St-Zip: JACKSONVILLE, FL 32207

Title: T ( ) Delete
Name: LAUZON, MARY R
Address: 211 GLYNLEA RD
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: SIMMONS, RUTH
Address: 2738 SPRING PARK RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CSD (X) Change ( ) Addition
Name: WARREN, FLO
Address: 7165 SAN SOUCI RD
City-St-Zip: JACKSONVILLE, FL 32216

Title: RSD (X) Change ( ) Addition
Name: MCDONALD, DAISY
Address: 11620 DUNES WAY DR N
City-St-Zip: JACKSONVILLE, FL 32225

Title: D (X) Change ( ) Addition
Name: FLOYD, CAROL
Address: 8043 WOODGROVE RD
City-St-Zip: JACKSONVILLE, FL 32256

Title: TD (X) Change ( ) Addition
Name: LAUZON, MARY R
Address: 211 GLYNLEA RD
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MARY LAUZON TD 07/06/2005
Electronic Signature of Signing Officer or Director — Date