

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90049 035 *****70.00

DOCUMENT # 740945 1. Entity Name MEMORIAL HOSPITAL JACKSONVILLE AUXILIARY, INC.					
Principal Place of Business 3627 UNIVERSITY BLVD., SOUTH SUITE 140 JACKSONVILLE, FL 32216			Mailing Address 3625 UNIVERSITY BLVD., SOUTH JACKSONVILLE, FL 32216		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-1839948	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MEMORIAL HOSPITAL JACKSONVILLE 3627 UNIVERSITY BLVD. SOUTH SUITE 140 JACKSONVILLE, FL 32216			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
8. 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. I am familiar with, and accept the obligations of registered agent.			SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMMONS, RUTH 2738 SPRING PARK RD JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Sylvia Blythe 9043 Kentish Ct. Jacksonville, FL 32257	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLYTHE, SYLVIA 9043 KENTISH CT JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Carol Floyd 8043 Woodgrove Rd. Jacksonville, FL 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DORSEY, JIMMY 4946 TOPROYAL LN JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S A M E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS HARPER, MARY 3749 LILLY RD JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Recording Secretary Mary K. Brown 1737 Marion Rd. Jacksonville, FL 32216	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS AVERA, NANCY 6736 WURN PARK CT JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corresponding Secretary Mary Harper 3749 Lilly Rd. Jacksonville, FL 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LINDSAY, BONNIE 7121 FT CAROLINE HILLS DRIE JACKSONVILLE, FL 32277	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chair of Services Geraldine Johnson 6865 Tamra Ln. Jacksonville, FL 32216	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 receiver 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: <i>Sylvia Blythe</i>			<i>Sylvia Blythe</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <i>2-4-08</i> Daytime Phone #: <i>904-399-6101</i>		