

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740945

FILED
Mar 02, 2010
Secretary of State

Entity Name: MEMORIAL HOSPITAL JACKSONVILLE AUXILIARY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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)

Name and Address of Current Registered Agent:

MEMORIAL HOSPITAL JACKSONVILLE
3627 UNIVERSITY BLVD. SOUTH
SUITE 140
JACKSONVILLE, FL 32216 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: FLOYD, CAROL PRES
Address: 8043 WOODGROVE RD
City-St-Zip: JACKSONVILLE, FL 32256

Title: V
Name: JOHNSON, GERALDINE V PRES
Address: 6865 TAMRA LN
City-St-Zip: JACKSONVILLE, FL 32216

Title: T
Name: BROWN, MARY K TREAS
Address: 1737 MARION ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: C
Name: BISHOP, JIM CHAIR
Address: 3245 KEGLER DRIVE
City-St-Zip: JACKSONVILLE, FL 32216

Title: RS
Name: PARKER, KATHY REC SEC
Address: 2440 WATER BLUFF DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: CS
Name: WARREN, FLO CORR S
Address: 7165 SAN SOUCI ROAD
City-St-Zip: JACKSONVILLE, FL 32216

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: CAROL FLOYD

PRES

03/02/2010

Electronic Signature of Signing Officer or Director

Date