

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740945

FILED
Mar 14, 2011
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: BISHOP, JIM PRES
Address: 3245 KEGLER DR
City-St-Zip: JACKSONVILLE, FL 32216

Title: V
Name: BROWN, MARY K V PRES
Address: 1737 MARION RD
City-St-Zip: JACKSONVILLE, FL 32216

Title: T
Name: BRYAN, HUGH TREAS
Address: 8836 BRIGHTON HILL CIRCLE E
City-St-Zip: JACKSONVILLE, FL 32256

Title: CS
Name: WARREN, FLO COR SEC
Address: 7165 SAN SOUCI RD
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: JIM BISHOP

PRES

03/14/2011

Electronic Signature of Signing Officer or Director

Date