

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740945

FILED
Mar 14, 2012
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:

MEMORIAL HOSPITAL AUXILIARY
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: MARY K BROWN

03/14/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: BROWN, MARY K 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: LUST, PEGGY CS
Address: 2256 FALLEN TREE DR E
City-St-Zip: JACKSONVILLE, FL 32246

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: MARY K BROWN

PRES

03/14/2012

Electronic Signature of Signing Officer or Director

Date