

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 740945

FILED
Jan 21, 2003
Secretary of State

Entity Name: MEMORIAL HOSPITAL JACKSONVILLE AUXILIARY, INC.

Current Principal Place of Business:

3625 UNIVERSITY BLVD., SOUTH
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 ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: PD () Delete
Name: MADER, IRENE
Address: 3419 CATAMARAN WAY
City-St-Zip: JACKSONVILLE, FL 32223

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

Title: CST () Delete
Name: SMITH, EILEEN
Address: 12548 MASTERS RIDGE DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: RST () Delete
Name: MOORE, MARY LYNN
Address: 3251 CESERY BLVD.
City-St-Zip: JACKSONVILLE, FL 32277

Title: CST () Delete
Name: CLEMMER, JO ANN
Address: 6116 HARVIN ROAD
City-St-Zip: JACKSONVILLE, FL 32216

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: T (X) Change () Addition
Name: STEVENS, GINNY
Address: 6830 TAMRA LN
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: GINNY STEVENS

T

01/21/2003

Electronic Signature of Signing Officer or Director

Date