FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 757338 (9)

1. Corporation Name
WOMEN'S MEDICAL CENTER AUXILIARY INC.

Principal Place of Business	Mailing Address
9675 SEMINOLE BLVD P.O. BOX 4001 SEMINOLE FL 34642	9675 SEMINOLE BLVD P.O. BOX 4001 SEMINOLE FL 34642

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/02/1981
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-2515891 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

MILLER, EMIL P
9675 SEMINOLE BLVD.
SEMINOLE FL 34642

10. Name and Address of New Registered Agent

81 Name: Daniel J. Friedrich
82 Street Address (P.O. Box Number is Not Acceptable): 9675 Seminole Blvd.
83
84 City: Seminole FL 85 Zip Code: 34642

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] X Daniel J. Friedrich, CEO 5-25-95 X
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition P/D
NAME	SHOOK, HELEN	1.2 NAME	Davis, Ruth
STREET ADDRESS	10399 67TH AVE N LOT 6	1.3 STREET ADDRESS	10650 Village Dr. Unit 102A
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	Seminole, Florida
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	KRUMSIECK, EUGENIA	2.2 NAME	
STREET ADDRESS	11522 - 61ST AVE. N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	LYONS, JEANNE	3.2 NAME	
STREET ADDRESS	10297 130TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	☐ Change ☐ Addition
NAME	HOLEVA, CATHERINE	4.2 NAME	
STREET ADDRESS	8405-112TH STREET, N. #205	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☒ Addition Past P/D
NAME		5.2 NAME	Shook, Helen
STREET ADDRESS		5.3 STREET ADDRESS	10399 67th Ave. N. Lot 6
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Seminole, Florida
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Eugenia M Krumsieck 4/26/95 5-15-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daniel J. Friedrich EUGENIA M. KRUMSIECK

813 398-4646 813 398-3333
Daytime Phone #