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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

04-02-2002 90898 031 ****61.25

DOCUMENT # N01293

1. Entity Name

HEART OF FLORIDA REGIONAL MEDICAL CENTER AUXILIARY INC.

Principal Place of Business	Mailing Address
P.O. BOX 35 HAINES CITY FL 33845-0035 US	HEART OF FLA. HOSPITAL POST OFFICE BOX 35 HAINES CITY FL 33845-0035 US

29076

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2373159 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOOD, SHIRLEY 158 PALISADES DR DAVENPORT FL 33837	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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 Shirley A. Good Treas. 3-21-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	PD ☐ Change ☒ Addition
NAME	DOHERTY, WILLIAM ☒ Delete	NAME	Phyllis Scheck
STREET ADDRESS	P O BOX 1133	STREET ADDRESS	2332 Paulette Drive
CITY-ST-ZIP	DUNDEE FL 33838	CITY-ST-ZIP	Haines City, FL 33844
TITLE	PE	TITLE	PE ☐ Change ☒ Addition
NAME	PETROFF, URSULA ☒ Delete	NAME	Swain, Irma
STREET ADDRESS	12000 HWY 27N, #231	STREET ADDRESS	P.O. Box 65
CITY-ST-ZIP	DAVENPORT FL 33837	CITY-ST-ZIP	Haines City, FL 33845
TITLE	T	TITLE	T ☐ Change ☐ Addition
NAME	GOOD, SHIRLEY ☐ Delete	NAME	Good, Shirley
STREET ADDRESS	158 PALISADES DR	STREET ADDRESS	158 Palisades Dr.
CITY-ST-ZIP	DAVENPORT FL 33837	CITY-ST-ZIP	Davenport, FL 33837
TITLE	RS	TITLE	RS ☐ Change ☐ Addition
NAME	WRIGHT, DORIS ☐ Delete	NAME	Wright, Doris
STREET ADDRESS	118 ARROWHEAD LANE	STREET ADDRESS	118 Arrowhead Lane
CITY-ST-ZIP	HAINES CITY FL 3844	CITY-ST-ZIP	Haines City, FL 33844
TITLE	VPD	TITLE	VPD ☐ Change ☐ Addition
NAME	MCMULLEN, HARRY A ☒ Delete	NAME	
STREET ADDRESS	66 STEPHMORE DR	STREET ADDRESS	Vacant
CITY-ST-ZIP	HAINES CITY FL 33844	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Shirley A. Good Shirley A. Good 3/21/02 863-424-2256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #