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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.

29076

DO NOT WRITE IN THIS SPACE

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

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

GOOD, SHIRLEY
158 PALISADES DR
DAVENPORT FL 33837

7. Name and Address of New Registered Agent

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

CR2E037 (9/01)

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 TREAS Shirley A. Good 3/21/02 863-424-2256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #