

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 28, 2005 8:00 am**  
**Secretary of State**

07-28-2005 90003 034 \*\*\*\*70.00

DOCUMENT # **N 01293**

1. Entity Name  
**HEART OF FLORIDA REGIONAL MEDICAL CENTER  
AUXILIARY, INC.**



**DO NOT WRITE IN THIS SPACE**

**50058217**

2. Principal Place of Business  
**40100 US HIGHWAY 27**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 35**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**DAVENPORT, FL**  
Zip  
**33837** Country  
**USA**

City & State  
**HAINES CITY, FL**  
Zip  
**37845-0035** Country  
**USA**

4. FEI Number  
**59-2373159** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name **MARY CRILLY, PRESIDENT**  
Street Address (P.O. Box Number is Not Acceptable)  
**1107 HIGH VISTA DRIVE**  
City **DAVENPORT** FL Zip Code **33837**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Mary Crilly President (MARY CRILLY)** 7-22-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**\* FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT MARY CRILLY 1107 HIGH VISTA DR. DAVENPORT, FL 33837</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT ELECT WANDA YAEGER 304 ST. GEORGE DR. DAVENPORT, FL 33837</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT JUANITA GALLOUGH 261 SIR PHILIP DR. DAVENPORT, FL 33837</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER BARBARA MAKI 3000 HWY. 17-92 W., #281 HAINES CITY, FL 33844</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RECORDING SECRETARY ANNE SWEITZER 212 MOUSE MOUNTAIN DR. DAVENPORT, FL 33837</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Mary Crilly, President (MARY CRILLY)** 7-22-05 (863) 422-4971

CR2E037B (12/02)