2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State
02-12-2008 90015 050 ****61.25

DOCUMENT # N01293

1. Entity Name

HEART OF FLORIDA REGIONAL MEDICAL CENTER AUXILIARY INC.

Principal Place of Business	Mailing Address
40100 US HIGHWAY 27 DAVENPORT FL 33837 US	P.O. BOX 35 HAINES CITY FL 33845-0035 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	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

WHISLER, CLOE
911 HILL DR
HAINES CITY FL 33844

7. Name and Address of New Registered Agent

Name: WANDA YAEGER
Street Address (P.O. Box Number is Not Acceptable): 304 ST. GEORGE 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: WANDA YAEGER x Wanda Yaeger x 1-29-08
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
Due By May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MARCO, DENNIS C 615 CUNNINGHAM DR DAVENPORT FL 33837	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P YAEGER, WANDA 304 ST. GEORGE ST. DAVENPORT FL 33837	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE YAEGER, WAND 304 ST GEORGE ST DAVENPORT FL 33837	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE MAZELIN, HARRY 1101 W. COMMERCE AVE, # 116 HAINES CITY, FL 33844	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SCHECK, PHYLLIS 2332 PAULETTE DR HAINES CITY FL 33844	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BARBARA MAKI 4465 FURNBERRY LANE LAKE WALES, FL 33859	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LEMKE, IRENE 102 GOLF CREST LANE DAVENPORT FL 33837	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RS TAYLOR, BARBARA 2328 PAULETTE DRIVE HAINES CITY FL 33844	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: x Wanda Yaeger x 1/29/08 x 863-422-4971