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

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

1st MOORE CR2E037 (10/07)

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
WHISLER, CLOE 911 HILL DR HAINES CITY FL 33844	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	P ☒ Delete	TITLE	P ☒ Change ☐ Addition
NAME	MARCO, DENNIS C	NAME	YAEGER, WANDA
STREET ADDRESS	615 CUNNINGHAM DR	STREET ADDRESS	304 ST. GEORGE ST.
CITY-ST-ZIP	DAVENPORT FL 33837	CITY-ST-ZIP	DAVENPORT FL 33837
TITLE	PE ☒ Delete	TITLE	PE ☐ Change ☒ Addition
NAME	YAEGER, WAND	NAME	MAZELIN, HARRY
STREET ADDRESS	304 ST GEORGE ST	STREET ADDRESS	1101 W. COMMERCE AVE, #116
CITY-ST-ZIP	DAVENPORT FL 33837	CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	VP ☒ Delete	TITLE	T ☐ Change ☒ Addition
NAME	SCHECK, PHYLLIS	NAME	BARBARA MAKI
STREET ADDRESS	2332 PAULETTE DR	STREET ADDRESS	4465 FURNBERRY LANE
CITY-ST-ZIP	HAINES CITY FL 33844	CITY-ST-ZIP	LAKE WALES, FL 33859
TITLE	T ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	LEMKE, IRENE	NAME	
STREET ADDRESS	102 GOLF CREST LANE	STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL 33837	CITY-ST-ZIP	
TITLE	RS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TAYLOR, BARBARA	NAME	
STREET ADDRESS	2328 PAULETTE DRIVE	STREET ADDRESS	
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	

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