

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01293

FILED  
Feb 25, 2010  
Secretary of State

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

**Current Principal Place of Business:**

40100 US HIGHWAY 27  
DAVENPORT, FL 33837 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 35  
HAINES CITY, FL 338450035 US

**New Mailing Address:**

**FEI Number:** 59-2373159

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MAZELIN, HARRY  
1101 W COMMERCE  
LOT 116  
HAINES CITY, FL 33844 US

**Name and Address of New Registered Agent:**

CUMISKEY, ROBERT  
66 BUTLER BLVD  
HAINES CITY, FL 33844 US

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: ROBERT CUMISKEY

02/25/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CUMISKEY, ROBERT  
Address: 66 BUTLER BLVD  
City-St-Zip: HAINES CITY, FL 33844

Title: PE  
Name: METTINGER, JUDITH  
Address: 235 LOMA DEL SOL DRIVE  
City-St-Zip: DAVENPORT, FL 33896

Title: V  
Name: MURPHY, CATHARINE  
Address: 727 MAJESTY DR  
City-St-Zip: DAVENPORT, FL 33837

Title: T  
Name: MAKI, BARBARA  
Address: 4465 TURNBERRY LANE  
City-St-Zip: LAKE WALES, FL 33859

Title: AT  
Name: TAYLOR, ANDREA  
Address: 710 GARBERIA DR  
City-St-Zip: HAINES CITY, FL 33837

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT CUMISKEY

P

02/25/2010

Electronic Signature of Signing Officer or Director

Date