

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01293

FILED
Feb 22, 2011
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:

235 LOMA DEL SOL DR.
DAVENPORT, FL 33896 US

FEI Number: 59-2373159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

METTINGER, JUDITH
235 LOMA DEL SOL DR.
DAVENPORT, FL 33896 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: JUDITH METTINGER

02/22/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: METTINGER, JUDITH
Address: 235 LOMA DEL SOL DR.
City-St-Zip: DAVENPORT, FL 33896

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

Title: V
Name: BRADLEY, WILLIS
Address: 120 GOLF VISTA CIRCLE
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: JUDITH METTINGER

PRES

02/22/2011

Electronic Signature of Signing Officer or Director

Date