

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

01-29-2003 90179 022 ****61.25

DOCUMENT # N01293

1. Entity Name

HEART OF FLORIDA REGIONAL MEDICAL CENTER AUXILIARY INC.



Principal Place of Business

Mailing Address

P.O. BOX 35
HAINES CITY FL 33845-0035
US

HEART OF FLA. HOSPITAL
POST OFFICE BOX 35
HAINES CITY FL 33845-0035
US

2. Principal Place of Business

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOOD, SHIRLEY
158 PALISADES DR
DAVENPORT FL 33837

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *Shirley A Good*

1-25-03

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

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 **PD** ☒ Delete
NAME **DOHERTY, WILLIAM**
STREET ADDRESS **P O BOX 1133**
CITY-ST-ZIP **DUNDEE FL 33838**

TITLE **PO** ☐ Change ☐ Addition
NAME **SWAIN, IRMA D**
STREET ADDRESS **P.O. Box 65**
CITY-ST-ZIP **HAINES CITY, FL 33845**

TITLE **PE** ☒ Delete
NAME **PETROFF, URSULA**
STREET ADDRESS **12000 HWY 27N, #231**
CITY-ST-ZIP **DAVENPORT FL 33837**

TITLE **PE** ☐ Change ☐ Addition
NAME **CRILLY, MARY D**
STREET ADDRESS **1107 HIGH VISTA DRIVE**
CITY-ST-ZIP **DAVENPORT, FL 33837**

TITLE **T** ☐ Delete
NAME **GOOD, SHIRLEY** **D**
STREET ADDRESS **158 PALISADES DR**
CITY-ST-ZIP **DAVENPORT FL 33837**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **RS** ☐ Delete
NAME **WRIGHT, DORIS**
STREET ADDRESS **118 ARROWHEAD LANE**
CITY-ST-ZIP **HAINES CITY FL 3844**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☒ Delete
NAME **MCMULLEN, HARRY A**
STREET ADDRESS **68 STEPHMORE DR**
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **VPD** ☐ Change ☐ Addition
NAME **PRIMEAU, CONNIE**
STREET ADDRESS **200 STEAMBOAT BLVD.**
CITY-ST-ZIP **DAVENPORT, FL 33837**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Shirley A Good*

1-25-03

863

424-2256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)