


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000002457 1. Entity Name LAKEWOOD RANCH MEDICAL CENTER AUXILIARY, INCORPORATED	
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Principal Place of Business 8340 LAKEWOOD RANCH BLVD BRADENTON, FL 34202	Mailing Address 8330 LAKEWOOD RANCH BLVD BRADENTON, FL 34202
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DO NOT WRITE IN THIS SPACE



04232007 No Chg-NP CR2E037 (4/06)

4. FEI Number 06-1719766	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LECEA, LEE 8330 LAKEWOOD RANCH BLVD BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COP RILEY, MARK 8330 LAKEWOOD RANCH BLVD BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RUSSELL, ANN 8330 LAKEWOOD RANCH BLVD BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T VEITCH, RICHARD 8330 LAKEWOOD RANCH BLVD BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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000000735216
 05/10/07-80024-025 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Richard A Veitch* **Richard A Veitch** *4/25/2007* **941-907-0569**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #