

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90093 025 ****61.25

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1. Entity Name
**LAKEWOOD RANCH MEDICAL CENTER AUXILIARY,
INCORPORATED**

Principal Place of Business
**8340 LAKEWOOD RANCH BLVD
BRADENTON, FL 34202**

Mailing Address
**8330 LAKEWOOD RANCH BLVD
BRADENTON, FL 34202**

40075534



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04172008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
06-1719766

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing 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

TITLE VP
NAME **LECEA, LEE** ☒ Delete
STREET ADDRESS **8330 LAKEWOOD RANCH BLVD**
CITY- ST- ZIP **BRADENTON, FL 34202**

TITLE COP ☐ Delete
NAME **RILEY, MARK**
STREET ADDRESS **8330 LAKEWOOD RANCH BLVD**
CITY- ST- ZIP **BRADENTON, FL 34207**

TITLE S ☐ Delete
NAME **RUSSELL, ANN**
STREET ADDRESS **8330 LAKEWOOD RANCH BLVD**
CITY- ST- ZIP **BRADENTON, FL 34207**

TITLE T ☐ Delete
NAME **VEITCH, RICHARD**
STREET ADDRESS **8330 LAKEWOOD RANCH BLVD**
CITY- ST- ZIP **BRADENTON, FL 34202**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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NAME
STREET ADDRESS
CITY- ST- ZIP

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 addressee who is authorized to execute this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard A. Veitch - Treasurer LWRM

4/17/08 (941) 907-0009