2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2010
Secretary of State

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Entity Name: LAKEWOOD RANCH MEDICAL CENTER AUXILIARY, INCORPORATED

Current Principal Place of Business:

8340 LAKEWOOD RANCH BLVD
BRADENTON, FL 34202

New Principal Place of Business:

Current Mailing Address:

8330 LAKEWOOD RANCH BLVD
BRADENTON, FL 34202

New Mailing Address:

FEI Number: 06-1719766 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: S
Name: DILLON, JO ANN
Address: 8330 LAKEWOOD RANCH BLVD
City-St-Zip: BRADENTON, FL 34207

Title: P
Name: HAFLICH, PRISCILLA
Address: 8330 LAKEWOOD RANCH BLVD
City-St-Zip: BRADENTON, FL 34207

Title: T
Name: ORENSTEIN, VIRGINIA K
Address: 8330 LAKEWOOD RANCH BLVD
City-St-Zip: BRADENTON, FL 34202

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: JO ANN DILLON S 03/03/2010

Electronic Signature of Signing Officer or Director — Date