

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90047 010 ****70.00

DOCUMENT # N06227 1. Entity Name HIGHLANDS REGIONAL MEDICAL CENTER AUXILIARY, INC.					
Principal Place of Business P O BOX 2066 3600 SW HIGHLANDS AVE SEBRING FL 33871			Mailing Address P O BOX 2066 3600 SW HIGHLANDS AVE SEBRING FL 33871		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 59-2568982			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent RHOADES, CLIFFORD R. 107 N.RIDGEWOOD DR.,STE.11 SEBRING FL 33870				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD PINO, OLYMPIA 8300 PINE GLEN ROAD SEBRING FL 33876	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LENTZ, KATIE 2010 DOLLY DR SEBRING FL 33872	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD DENNY, MARIE 2502 DAVIS CR. SEBRING FL 33870	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COWELL, WILMA 7316 HONRYSUCKLE DR SEBRING FL 33870	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AKUS, STAN 3201 PAR RD SEBRING FL 33872	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT SHANNON, VIVIAN 2910 SAN FRANCISCO LN SEBRING FL 33870	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFER PRES. ELEC. RENKER, GAYLE 4216 MEDINA WAY SEBRING FL. 33875	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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1st MOORE CR2E037 (10/04)

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: Stan Akus Stan Akus 2/7/05 863.314.0255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #