

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 11, 2008 8:00 am
Secretary of State

08-11-2008 90122 008 ****70.00

DOCUMENT # N06227

1. Entity Name

HIGHLANDS REGIONAL MEDICAL CENTER AUXILIARY,
INC.



Principal Place of Business

Mailing Address

P O BOX 2066
3600 SW HIGHLANDS AVE
SEBRING FL 33870

P O BOX 2066
3600 SW HIGHLANDS AVE
SEBRING FL 33870



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/08)

4. FEI Number
59-2568982

Applied For
Not Applicable

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

RHOADES, CLIFFORD R.
2141 LAKEVIEW DRIVE
SEBRING FL 33870

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 3, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP
NAME BROKSCH, TRISH ☒ Delete
STREET ADDRESS 2112 DOGLEG DR.
CITY-ST-ZIP SEBRING FL 33872

TITLE BROKSCH TRISH PRES. ☒ Change ☐ Addition
NAME
STREET ADDRESS 2112 DOGLEG DR
CITY-ST-ZIP SEBRING FL. 33872

TITLE RSD
NAME DENNY, MARIE ☒ Delete
STREET ADDRESS 2502 DAVIS CR
CITY-ST-ZIP SEBRING FL 33870

TITLE PARKER, RICHARD V.P. ☐ Change ☒ Addition
NAME
STREET ADDRESS 4335 DUFFER LOOP,
CITY-ST-ZIP SEBRING FL. 33872

TITLE P
NAME RENKER, GAYLE ☒ Delete
STREET ADDRESS 4216 MEDINA WAY
CITY-ST-ZIP SEBRING FL 33875

TITLE LYNCH, SANDRA RSD ☐ Change ☒ Addition
NAME
STREET ADDRESS 3215 WATERWOOD DR
CITY-ST-ZIP SEBRING FL. 33872

TITLE TD
NAME AKUS, STAN ☐ Delete
STREET ADDRESS 3201 PAR RD
CITY-ST-ZIP SEBRING FL 33872

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

TITLE SDT
NAME DIAZ, GLORIA ☒ Delete
STREET ADDRESS 2020 ASHLEY OAKS
CITY-ST-ZIP SEBRING FL 33872

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

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 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: Stan Akus STAN AKUS

8/5/08

863.314.0255