2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2009
Secretary of State

DOCUMENT# N06227

Entity Name: HIGHLANDS REGIONAL MEDICAL CENTER AUXILIARY, INC.

Current Principal Place of Business:

P O BOX 2066
3600 SW HIGHLANDS AVE
SEBRING, FL 33870

New Principal Place of Business:

3600 SW HIGHLANDS AVE
SEBRING, FL 33870

Current Mailing Address:

P O BOX 2066
3600 SW HIGHLANDS AVE
SEBRING, FL 33870

New Mailing Address:

FEI Number: 59-2568982 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RHOADES, CLIFFORD R.
2141 LAKEVIEW DRIVE
SEBRING, FL 33870 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: P ( ) Delete
Name: BROKSCH, TRISH
Address: 2112 DOGLEG DR.
City-St-Zip: SEBRING, FL 33872

Title: VP ( ) Delete
Name: PARKER, RICHARD
Address: 4335 DUFFER LOOP
City-St-Zip: SEBRING, FL 33872

Title: RSP ( ) Delete
Name: LYNCH, SANDRA
Address: 3215 WATERWOOD DR
City-St-Zip: SEBRING, FL 33872

Title: TD ( ) Delete
Name: AKUS, STAN
Address: 3201 PAR RD
City-St-Zip: SEBRING, FL 33872

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STAN AKUS TRES 08/01/2009

Electronic Signature of Signing Officer or Director — Date