

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06227

FILED
Mar 30, 2011
Secretary of State

Entity Name: HIGHLANDS REGIONAL MEDICAL CENTER AUXILIARY, INC.

Current Principal Place of Business:

3600 SW HIGHLANDS AVE
SEBRING, FL 33870

New Principal Place of Business:

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 ()**

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
Name: HINZE, DIANE
Address: 2010 VILLAGE GROVE BLVD. #341
City-St-Zip: SEBRING, FL 33870

Title: VP
Name: NEWMAN, DAN
Address: 633 HOLLY DR..
City-St-Zip: SEBRING, FL 33876

Title: RSP
Name: LOSSE, ELLYN
Address: 2124 DOGLEG DR.
City-St-Zip: SEBRING, FL 33872

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

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: STAN AKUS

TRES

03/30/2011

Electronic Signature of Signing Officer or Director

Date