2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06593

FILED Mar 30, 2010 Secretary of State

Entity Name: THE VOLUNTEER AUXILIARY OF FLORIDA HOSPITAL - FLAGLER, INC.

Current Principal Place of Business: New Principal Place of Business:

FL. HOSP FLAGLER 60 MEMORIAL MEDICAL PKWY PALM COAST, FL 32164

Current Mailing Address: New Mailing Address:

FL. HOSP FLAGLER 60 MEMORIAL MEDICAL PKWY PALM COAST, FL 32164

FEI Number: 59-2486582 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCKENNA, CHRIS

60 MEMORIAL MEDICAL PKWY
PALM COAST, FL 32164 US

KITTY, VAN HORN
60 MEMORIAL MEDICAL PKWY
PALM COAST, FL 32164 US

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: KITTY VAN HORN 03/30/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: MERCER, PATRICIA A Address: 3912 TANO DR.

City-St-Zip: ORMOND BEACH, FL 32174

Title: VD

 Name:
 KITTY, VAN HORN

 Address:
 7 SENTRY OAK PLACE

 City-St-Zip:
 PALM COAST, FL 32137

Title: VD

Name: PAULA, TURNQUIST
Address: 28 WESTMINSTER DR.
City-St-Zip: PALM COAST, FL 32164

Title: TD

Name: LENIO, MIMI

Address: 41 SHELTER COVE CIRCLE City-St-Zip: FLAGLER BEACH, FL 32136

Title: AS

 Name:
 KAINU, JEANNETTE

 Address:
 44 ELLSWORTH DR.

 City-St-Zip:
 PALM COAST, FL 32164

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: PATRICIA A. MERCER PD 03/30/2010