

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000008604

FILED  
Jan 21, 2011  
Secretary of State

**Entity Name:** SHANDS LAKESHORE REGIONAL MEDICAL CENTER AUXILIARY, INC.

**Current Principal Place of Business:**

368 NE FRANKLIN STREET  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**Current Mailing Address:**

368 NE FRANKLIN STREET  
LAKE CITY, FL 32055

**New Mailing Address:**

**FEI Number:** 27-3469483

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BIELLING, ZACHARY M  
368 NE FRANKLIN STREET  
LAKE CITY, FL 32055 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: D  
Name: HUNZIKER, PATRICIA E  
Address: 256 NW CHARLOTTE GLEN  
City-St-Zip: LAKE CITY, FL 32055

Title: D  
Name: SCHAUMBURG, WENDY L  
Address: 263 NW KELLY LAKE CT.  
City-St-Zip: LAKE CITY, FL 320550000

Title: D  
Name: GEIGER, WILLIAM J  
Address: 411 SW WISE DRIVE  
City-St-Zip: LAKE CITY, FL 320246314

Title: D  
Name: PARRY, CHARLOTTE P  
Address: 2454 SW NAUTILUS ROAD  
City-St-Zip: LAKE CITY, FL 320245325

Title: D  
Name: BIELLING, ZACHARY M  
Address: 368 NE FRANKLIN STREET  
City-St-Zip: LAKE CITY, FL 32055

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 HUNZIKER

PRES

01/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date