

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000008604

FILED
Feb 24, 2012
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:

368 NE FRANKLIN STREET
LAKE CITY, FLORIDA 32055
LAKE CITY, FL 32055 UN

Current Mailing Address:

368 NE FRANKLIN STREET
LAKE CITY, FL 32055

New Mailing Address:

368 NE FRANKLIN STREET
LAKE CITY, FL 32055 UN

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:

NORRIS, JOHN E
253 MAIN BLVD
LAKE CITY, FL 32055 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: JOHN E. NORRIS

02/24/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: HUNZIKER, PATRICIA E
Address: 256 NW CHARLOTTE GLEN
City-St-Zip: LAKE CITY, FL 32055

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

Title: VP
Name: HUNZIKER, JOHN H
Address: 256 NW CHARLOTTE GLEN
City-St-Zip: LAKE CITY, FL 32055

Title: TREA
Name: STADER, DALE A
Address: 4354 NW CADEN GLEN
City-St-Zip: LAKE CITY, FL 320245325

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 E. HUNZIKER

PRES

02/24/2012

Electronic Signature of Signing Officer or Director

Date