## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 02, 2006 8:00 am

DOCUMENT # N23868  1. Entity Name SANTA ROSA MEDICAL CENTER AUXILIARY, INC.										•	y of \$ 71 011 **	<b>State</b> **61.25	
60	ncipal Place 102 BERRYI LTON, FL 3	HILL RD	6002	Address BERRYHILL RD N, FL 32570 U	JS								
2.	Principal Pla	ace of Business	3. Mailing Address								UK CON THE D		
	Suite, Apt. #	, etc.	Suite, Apt. #, etc.					01202006	Chg	-NP	CR2E	37 (11/05)	
City & State			City & Stafe			<del>- ,</del>		4. FEI Numb 59-284	97957	,		<del></del>	plied For t Applicable
Zip		Country	Country Zip		Cour	ountry		5. Certificate of Status Desired					
		6. Name and Address of Curren	t Registere	d Agent	1			7. Name and	d Addre	ess of New	v Registered	Agent	
	VDOM IF	NAUCED				Name							
BYROM, JENNIFER   310 ELMIRA STR   MILTON, FE <sub>2</sub> 32570						Street Address (P.O. Box Number is Not Acceptable)							
	3	26년 7년			- 1								
7						City	FL Zip Code						
8.		named entity submits this statement ons of registered agent.	for the purpo	ose of changing its re	egistere	ed office or	registe	rød agent, or bo	oth, in th	ne State of	Florida. ian	n familiar with,	and accept
SI	GNATURE	Signature, typed or printed name of registered aga	ent and title if appl	Icable, (NOTE:	Registered	d Agent signati.	ure require	d when reinstabing)			DATE	<del></del> .	
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$\vdash$	- 1	Filing For In 604 95	<del>-</del> 1	Election Comm		inancina		<b>*</b> * * * * * * * * * * * * * * * * * *	T		Make che	ck navable t	
		Filing Fee Is \$61,25 Due by May 1, 2006		9. Election Camp Trust Fund Co		_	0	\$5.00 May Added to Fee:		F		ck payable to	
10	// · // 0. <u>1</u>	Due by May 1, 2006 OFFICERS AND I	DIRECTORS	Trust Fund Co		_			s		lorida Depa	RITIMENT OF SI	ate 10
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, witrfall other like empowered.

SIGNATURE:

Dulce M. Snowman 01-24-06 (850)981-26

SIGNATURE AND TYPED OR PRINTER FORDER OF BRECTOR

Daysine Phone 8 (850)981-2689