


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90071 011 ****61.25

DOCUMENT # N23868 1. Entity Name SANTA ROSA MEDICAL CENTER AUXILIARY, INC.					
Principal Place of Business 6002 BERRYHILL RD MILTON, FL 32570 US			Mailing Address 6002 BERRYHILL RD MILTON, FL 32570 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2847957	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BYROM, JENNIFER 310 ELMIRA STR MILTON, FL 32570				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>				DATE: _____	
Filing Fee Is \$61.25 Due by May 1, 2006		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WARD, DONALD 5764 HERMITAGE CIRCLE MILTON, FL 32570	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Snowman, Dulce M. 5832 Hermitage Cr. Milton, FL 32570	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, BECKIE 5764 HERMITAGE CIRCLE MILTON, FL 32570	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shields, Irene 5965 Clark Rd. Milton, FL 32570	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFITH, PEGGY 6465 LARK AVENUE MILTON, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Guidy, Alice 5330 Moose Rd. Milton, FL 32570	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, BERT 5713 LIA DRIVE MILTON, FL 32570	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Andrews, Martha 5611 Rayat Rd. Pace, FL 32571	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IMHOF, VICKI 4409 BAYOU RIDGE DR PACE, FL 32571	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Imhof, Vicki 4409 Bayou Ridge Dr. Pace, FL 32571	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STATON, WANDA 11374 HORIZON RD MILTON, FL 32570	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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, will call other like empowered.					
SIGNATURE: <u>Dulce M. Snowman</u>			Dulce M. Snowman 01-24-06 (850)981-2689		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		