

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008 8:00 am
Secretary of State

02-05-2008 90008 047 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2847957	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BYROM, JENNIFER 310 ELMIRA STR MILTON, FL 32570			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 SNOWMAN, DULCE M 5832 HERMITAGE CR MILTON, FL 32570 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Snowman, Dulce M. 5832 Hermitage Cr. Milton, FL 32570 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIELDS, IRENE 5965 CLARK RD MILTON, FL 32570 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Schoenherr, Kay 5853 Hamilton Bridge Rd. Milton, FL 32570 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUIDY, ALICE 5330 MOOSE RD MILTON, FL 32570 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Guidy, Alice 5330 Moose Rd. Milton, FL 32570 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COHEN, CORAL 5210 HAWKS NEST DRIVE MILTON, FL 32570 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Cohen, Carol 5210 Hawks Nest Dr. Milton, FL 32570 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FONDREN, B.J. 5248 GOSHAWK DRIVE MILTON, FL 32570 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Fondren, B.J. 5248 Goshawk Dr. Milton, FL 32570 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KONZ, KAREN 5462 GOSHAWK DRIVE MILTON, FL 32570 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Damico, Barbara 5534 Fox Fire Rd. Milton, FL 32570 ☐ Change ☒ 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, with all other like empowered.					
SIGNATURE: <i>Dulce M. Snowman</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			January, 28 2008 Date		
			Daytime Phone #		