

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23868

FILED
Jan 25, 2011
Secretary of State

Entity Name: SANTA ROSA MEDICAL CENTER AUXILIARY, INC.

Current Principal Place of Business:

6002 BERRYHILL RD
MILTON, FL 32570 US

New Principal Place of Business:

6002 BERRYHILL RD.
MILTON, FL 32570 US

Current Mailing Address:

6002 BERRYHILL RD
MILTON, FL 32570 US

New Mailing Address:

FEI Number: 59-2847957 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BYROM, JENNIFER
310 ELMIRA STR
MILTON, FL 32570 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: T
Name: SNOWMAN, DULCE M
Address: 5832 HERMITAGE CR
City-St-Zip: MILTON, FL 32570

Title: D
Name: WARD, BECKIE
Address: 5764 HERMITAGE CR.
City-St-Zip: MILTON, FL 32570

Title: D
Name: MAYEAUX, ELOUISE
Address: P.O.BOX112
City-St-Zip: MILTON, FL 32570

Title: V
Name: MILLER, LYNN
Address: 2742 SEGREST RD.
City-St-Zip: PACE,, FL 32571

Title: P
Name: DAMICO, BARBARA
Address: 5534 FOX FIRE RD.
City-St-Zip: MILTON, FL 32570

Title: S
Name: KISKE, BEVERLY
Address: 6722 CEDAR RIDGE CR.
City-St-Zip: MILTON, FL 32570

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: DULCE M. SNOWMAN

T

01/25/2011

Electronic Signature of Signing Officer or Director

Date