
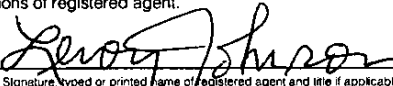
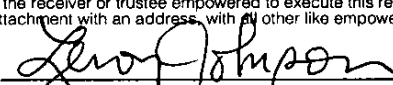


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90057 046 ****61.25

DOCUMENT # N99000003559 1. Entity Name OCALA REGIONAL MEDICAL CENTER AUXILIARY FOUNDATION INC.					
Principal Place of Business 1431 SW FIRST AVENUE OCALA, FL 34474			Mailing Address 1431 SW FIRST AVENUE OCALA, FL 34474		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3600529	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BRYDON, DONNA 4700 NE 11TH ST. OCALA, FL 34470				7. Name and Address of New Registered Agent Name Johnson, Leroy Street Address (P.O. Box Number is Not Acceptable) 106 Emerald Road City Ocala FL Zip Code 34482	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 3-7-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 ANDREWS, VERONICA 7143 S.W. 113TH LOOP OCALA, FL 34476	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Johnson, Leroy 106 Emerald Road Ocala, FL 34482
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BRYDON, DONNA 4700 NE 11TH ST OCALA, FL 33470	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Northrup, Grace 3965 SE. 61st Pl. Ocala, FL 34480
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, LINDA 18194 SE 22ND PL SILVER SPRINGS, FL 34488	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILL, LOUISE 6 PINE PLACE COURT OCALA, FL 34472	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, LEROY 106 EMERALD ROAD E OCALA, FL 34482	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMALLWOOD, LUCY 11675 S.W. 138TH PLACE DUNNELLON, FL 34432	<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, with all other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3-7-06 Daytime Phone # 352-687-8475		