2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 15, 2007 8:00 am Secretary of State 03-15-2007 90017 014 ****61.25

DOCUMENT # N9900003559						1		03-15-2007 90017 014 ****61.25					
1. Entity Name OCALA REGIONAL MEDICAL CENTER AUXILIARY FOUNDATION INC.													
Dringinal Diag	o of Business			Mailing Address					400353	JbJ			
1431 SW FIRST AVENUE				Mailing Address 1431 SW FIRST AVENUE OCALA, FL 34474									
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			1						
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03072007	Chg-NP	CR2E	037 (12/06)		
City & State				City & State				4. FEI Numb 59-360			-	oplied For	
Zip Country				Zìp	untry	5. Certificate of Status Desired \$8.75 Addition Fee Required				ditional			
6. Name and Address of Current Registered Agent								7. Name and	Address of N	ew Registere	d Agent		
JOHNSON, LEROY 106 EMERALD RD OCALA, FL 34482						Name VERONICA M. ANDREWS Street Address (P.O. Box Number is Not Acceptable) 71 4 3 5 W 13 LOOP							
						City	70 %	1/4		F	L Zip Cod	2/7/2	
	named entiti tions of regist		atement for the	e purpose of changing	its register	ed office or	register	ed agent, or bo	th, in the State	of Florida. I a	m familiar with,	and accept	
SIGNATURE	<u> </u>	nica	MA	ndreus	L 1	Cha	WK	reiser		3	1/07		
	Signature, typed	or printed name of reg	istered agent and t	itle fapolicable. (N	OTE: Registere	d Agent signati	nue Lechniudi	when reinstating)		DATE	, ,		
Filing Fee is \$61.25 9. Election Camp Due by May 1, 2007 Trust Fund Co													
	_							\$5.00 May E Added to Fees			ck payable t artment of S		
10.	Due by N	lay 1, 2007	S AND DIREC	Trust Fund	Contributi	ion.		Added to Fees	ANGES TO OF	FIORIDA DEP	artment of S	tate	
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