

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90132 029 ****61.25

DOCUMENT # N99000003559
1. Entity Name
**OCALA REGIONAL MEDICAL CENTER AUXILIARY FOUNDATI
ON INC.**



Principal Place of Business
**1431 SW FIRST AVENUE
OCALA FL 34474**

Mailing Address
**1431 SW FIRST AVENUE
OCALA FL 34474**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **59-3600529** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
SHERECK, JAMES E
19916 SW 93RD LANE RD
DUNNELLON FL 34432

7. Name and Address of New Registered Agent
Name **Brydon, Donna**
Street Address (P.O. Box Number is Not Acceptable)
4700 NE 11th St
City **Ocala** **FL** Zip Code **34470**

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 *Donna Brydon*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHERECK, JAMES E	
STREET ADDRESS	19916 SW 93RD LANE RD	
CITY-ST-ZIP	DUNNELLON FL 34432	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRYDON, DONNA	
STREET ADDRESS	4700 NE 11TH ST	
CITY-ST-ZIP	OCALA FL 33470	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, LINDA	
STREET ADDRESS	18194 SE 22ND PL	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NORTHRUP, GRACE	
STREET ADDRESS	3965 SE 61 ST PL	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FORRINGER, MEL	
STREET ADDRESS	8753 SW 109TH LANE	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARAWAY, DORIS	
STREET ADDRESS	1440 W HWY 316TH	
CITY-ST-ZIP	CITRA FL 32113	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andrews, Veronica	
STREET ADDRESS	7143 SW 113th Loop	
CITY-ST-ZIP	Ocala, FL 34476	
TITLE	CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	34470	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gill, Louise	
STREET ADDRESS	6 Pine Place Court	
CITY-ST-ZIP	Ocala, FL 34472	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mahanes, Richard	
STREET ADDRESS	8745-D SW 92nd Place	
CITY-ST-ZIP	Ocala, FL 34481	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smallwood, Lucy	
STREET ADDRESS	11675 SW 138th Place	
CITY-ST-ZIP	Dunnellon, FL 34432	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hofling, Donald B.	
STREET ADDRESS	3818 SW 161 Loop	
CITY-ST-ZIP	Ocala, FL 34473	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Donna Brydon*

4/7/03 236-3726

CR2E037 (10/02)