

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 740945

**Entity Name:** MEMORIAL HOSPITAL JACKSONVILLE AUXILIARY, INC.

**Current Principal Place of Business:**

3627 UNIVERSITY BLVD., SOUTH  
SUITE 140  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

3625 UNIVERSITY BLVD., SOUTH  
JACKSONVILLE, FL 32216

**FEI Number:** 59-1839948

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MEMORIAL HOSPITAL AUXILIARY  
3627 UNIVERSITY BLVD. SOUTH  
SUITE 140  
JACKSONVILLE, FL 32216 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BROWN, MARY K  
Address        1737 MARION RD  
City-State-Zip: JACKSONVILLE FL 32216

Title            TREASURER  
Name            KOUBEK, THOMAS  
Address        13456 AQUILINE RD  
City-State-Zip: JACKSONVILLE FL 32224

Title            VP  
Name            HARPER, DONNA  
Address        6121 COLGATE RD  
City-State-Zip: JACKSONVILLE FL 32217

Title            SECRETARY  
Name            CRAIG, ROGER  
Address        13979 GOLDEN EAGLE DR  
City-State-Zip: JACKSONVILLE FL 32226

*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:** MARY K BROWN

**PRESIDENT**

**03/18/2013**

Electronic Signature of Signing Officer/Director Detail

Date