


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 11 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 717016 (0)**  
1. Corporation Name  
**AUXILIARY OF COLUMBIA ST. PETERSBURG MEDICAL CENTER, INC.**



Principal Place of Business <b>6500 38TH AVE. NO. ST. PETERSBURG FL 33710</b>	Mailing Address <b>6500 38TH AVE. NO. ST. PETERSBURG FL 33710-1629</b>
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3. Date Incorporated or Qualified <b>08/15/1969</b>	3a. Date of Last Report <b>04/26/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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4. FEI Number <b>59-2045366</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**JACKSON, EARL H.  
6844 34TH AVENUE NORTH  
ST PETERSBURG FL 33710**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	KELLY, GRACE	
STREET ADDRESS	3005 81ST STREET NO.	
CITY - ST - ZIP	ST PETERSBURG FL 33710	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CESCHAN, ROSE MARIE	
STREET ADDRESS	34413 OLEANDER DR.	
CITY - ST - ZIP	PINELLAS PARK FL 34665	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALKER, PAT	
STREET ADDRESS	6477 33RD AVE. N.	
CITY - ST - ZIP	ST PETERSBURG FL 33710	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JACKSON, EARL H.	
STREET ADDRESS	6844 34TH AVE N	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HART, MICKEY	
STREET ADDRESS	1533 N 55 ST	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MASKULAK, KATHERINE	
STREET ADDRESS	5285 26 AVE. N.	
CITY - ST - ZIP	ST. PETERSBURG FL 33710	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	S
2.2 NAME	Preissler Arlene
2.3 STREET ADDRESS	5285 Flamingo Ct.
2.4 CITY - ST - ZIP	St Petersburg Fla. 33710
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Earl H. Jackson **Earl H. Jackson** 4/7/97 Date 813 347 7279 Dep't. Phone # 0050712

CR2E037 (9/96)