

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

**FILED**  
**May 05 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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</b>
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<b>21</b> 2. Principal Place of Business Suite, Apt. #, etc.	<b>26</b> 2a. Mailing Address Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country

<b>3.</b> Date incorporated or Qualified <b>08/15/1969</b>	
<b>4.</b> FEI Number <b>59-2045366</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>7.</b> Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>8.</b> This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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**

<b>81</b> Name <b>Patricia A. Henry</b>	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>6017-38th. Ave North</b>	
<b>83</b> City & State <b>St. Petersburg Fl. 33710</b>	
<b>84</b> City <b>FL</b>	<b>85</b> Zip Code

**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 *Patricia A. Henry* **Patricia A. Henry** **4/23/98**

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

**12. OFFICERS AND DIRECTORS**

TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>KELLY, GRACE</b>	
STREET ADDRESS <b>3005 81ST STREET NO.</b>	
CITY-ST-ZIP <b>ST PETERSBURG FL 33710</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE
NAME <b>PREISSLER, ARLENE</b>	
STREET ADDRESS <b>5282 FLAMINGO CT</b>	
CITY-ST-ZIP <b>ST PETERSBURG FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>WALKER, PAT</b>	
STREET ADDRESS <b>6477 33RD AVE. N.</b>	
CITY-ST-ZIP <b>ST PETERSBURG FL 33710</b>	
TITLE <b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>JACKSON, EARL H.</b>	
STREET ADDRESS <b>6844 34TH AVE N</b>	
CITY-ST-ZIP <b>ST. PETERSBURG FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>HART, MICKY</b>	
STREET ADDRESS <b>1533 N 55 ST</b>	
CITY-ST-ZIP <b>ST. PETERSBURG FL</b>	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MASKULAK, KATHERINE</b>	
STREET ADDRESS <b>5285 28 AVE. N.</b>	
CITY-ST-ZIP <b>ST. PETERSBURG FL 33710</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Grace Kelly</b>	
1.3 STREET ADDRESS <b>4435 97th. Ave. No.</b>	
1.4 CITY-ST-ZIP <b>Pinellas Park, 33772</b>	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 <b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>Patricia A. Henry</b>	
4.3 STREET ADDRESS <b>6017 38th. Ave No.</b>	
4.4 CITY-ST-ZIP <b>ST. Petersburg Fl. 33710</b>	
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 <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <b>Shirley Schreiber</b>	
6.3 STREET ADDRESS <b>7066 49th. Ave No.</b>	
6.4 CITY-ST-ZIP <b>St. Petersburg FL. 33709</b>	

**14.** 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 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: *Patricia A. Henry*

CR2E037 (10/97)