

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90095 020 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 717016

1. Corporation Name
AUXILIARY OF ST. PETERSBURG GENERAL HOSPITAL, IN C.

Principal Place of Business 6500 38TH AVE. NO. ST. PETERSBURG FL 33710	Mailing Address 6500 38TH AVE. NO. ST. PETERSBURG FL 33710
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2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 08/15/1969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2045366
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HENRY, PATRICIA A. 6017-38TH AVE N ST PETERSBURG FL- 89772 33710		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		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: *Patricia A. Henry* (NOTE: Registered Agent signature required when reinstating) DATE: *2/22/99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, GRACE	1.2 NAME	
STREET ADDRESS	4435 97TH AVE N	1.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 33772	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<i>Secretary</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PREISSLER, ARLENE	2.2 NAME	<i>Pat W Decker</i>
STREET ADDRESS	5282 FLAMINGO CT	2.3 STREET ADDRESS	<i>6477 - 33rd Ave N</i>
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	<i>St. Petersburg FL 33710</i>
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, PAT	3.2 NAME	
STREET ADDRESS	6477 33RD AVE. N.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33710	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, PATRICIA A.	4.2 NAME	
STREET ADDRESS	6017 38TH AVE N	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, MICKEY	5.2 NAME	
STREET ADDRESS	1533 N 55 ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHREIBER, SHIRLEY	6.2 NAME	
STREET ADDRESS	7066 49TH AVE N	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	6.4 CITY-ST-ZIP	

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, with all other empowered.

SIGNATURE: *Patricia A. Henry* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: *2/22/99* DAYTIME PHONE: *(727) 381-2261*

CR2E037 (1/98)