2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90407 040 ****61.25

DOCUMENT # 717016

1. Entity Name
AUXILIARY OF ST. PETERSBURG GENERAL HOSPITAL, INC.

Principal Place of Business	Mailing Address
6500 38TH AVE. NO. ST. PETERSBURG, FL 33710	6500 38TH AVE. NO. ST. PETERSBURG, FL 33710

04282004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCQUADE, CHET 1926 NORFOLK STREET NORTH SAINT PETERSBURG, FL 33710	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $61.25
Due by May 1, 2004

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCQUADE, CHET 1926 NORFOLK STREET NORTH SAINT PETERSBURG, FL 33710 ☒ Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	FRANK KANSINECZ 3854 97TH TER. N PINELLAS PARK, FL 33782 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S O'BRIEN, MARGARET 113 DOGWOOD CIRCLE N SEMINOLE, FL 33777 ☒ Delete	TITLE SEC. NAME STREET ADDRESS CITY-ST-ZIP	PATRICIA ECKSTEIN 6081 49 AVE N KENNETH CITY, FL 33709 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROWE, CAROL 2531 62ND STREET NORTH SAINT PETERSBURG, FL 33710 ☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	CAROL MCQUADE 1926 NORFOLK ST N ST PETE FL 33710 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCQUADE, CAROL 1926 NORFOLK STREET NORTH SAINT PETERSBURG, FL 33710 ☒ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	CHET MCQUADE 1926 NORFOLK ST N ST. PETE FL 33710 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLY, GRACE 4435 92ND AVENUE NORTH PINELLAS PARK, FL 33782 ☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	MARTIN J. SULLIVAN 1781 65 WAY N ST PETE, FL 33710 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SHIFFMAN, PEARL 1868 SHORE DR S #604 SAINT PETERSBURG, FL 33707 ☒ Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	ETHAL BATSON 9501 45 WAY N PINELLAS PARK, FL 33782 ☒ Change ☐ Addition

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 Carol M'Quade - CAROL M'QUADE - DIRECTOR 4/28/04 727-345-6577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #