2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State
07-25-2005 90098 023 ****61.25

DOCUMENT # 717016

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

50057328

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

07102005 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: Chet McQuade 7/18/05
Signature of new registered agent (required if changing registered agent) Date

Filing Fee is $61.25
Due by September 7, 2005

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 KANSINECZ, FRANK 3854 97TH TER. N. PINELLAS PARK, FL 33782	☒ Delete	TITLE P NAME Chet McQuade STREET ADDRESS 1926 Norfolk St N CITY ST ZIP St Pete FL 33710	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S ECKSTEIN, PATRICIA 6081 49 AVE. N. KENNETH CITY, FL 33709	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D ROWE, CAROL 1926 NORFOLK ST. N. SAINT PETERSBURG, FL 33710	☒ Delete	TITLE Director at Large NAME Selma Gaby STREET ADDRESS 8011 26 Owen CITY ST ZIP 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 NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D SULLIVAN, MARTIN J 1781 65 WAY N. SAINT PETERSBURG, FL 33710	☒ Delete	TITLE 2nd Vice P. NAME Ric Nagle STREET ADDRESS 9200 Park Blvd #206 CITY ST ZIP St Pete FL 33709	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP BATSON, ETHAL 9501 45 WAY N. PINELLAS PARK, FL 33782	☒ Delete	TITLE VP NAME Michele Lupton STREET ADDRESS 2001 83rd Ave. N, #1111 CITY ST ZIP St. Pete FL 33702	☒ 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 Lynn McQuade 7/18/05 (727) 345-6577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number