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Jan 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 721162 (6)
1. Corporation Name
MARTIN MEMORIAL HOSPITAL AUXILIARY, INC.



Principal Place of Business 1 HOSPITAL DRIVE P.O. BOX 9010 STUART FL 34985-9010 US	Mailing Address P.O. BOX 9010 P.O. BOX 9010 STUART FL 34985-9010 US
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3. Date Incorporated or Qualified 06/15/1971	3a. Date of Last Report 05/19/1996
4. FEI Number 23-7115443	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**DRYDEN, ELWOOD
100 HOSPITAL AVENUE
STUART FL 34985**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME BUDD, VIRGINIA	
STREET ADDRESS 1103 SE MCFARLAND AVE.	
CITY-ST-ZIP PORT ST. LUCIE FL 33452	
TITLE TD	<input type="checkbox"/> DELETE
NAME DRYDEN, ELWOOD	
STREET ADDRESS 3251 SE FAIRWAY WEST	
CITY-ST-ZIP STUART FL 34997	
TITLE VD	<input type="checkbox"/> DELETE
NAME HUBBARD, ROBERT	
STREET ADDRESS 1024 RIVERSIDE DR.	
CITY-ST-ZIP STUART FL 34997	
TITLE VD	<input type="checkbox"/> DELETE
NAME ZABLOCKI, RITA	
STREET ADDRESS 395 SE CARDINAL TRAIL	
CITY-ST-ZIP STUART FL 34997	
TITLE VD	<input type="checkbox"/> DELETE
NAME LUCAS, IRENE	
STREET ADDRESS 8282 BITTERBUSH LANE	
CITY-ST-ZIP PORT ST. LUCIE FL 34952	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME DUNN, MARJORIE	
STREET ADDRESS 29 NORTH RIVER ROAD	
CITY-ST-ZIP STUART FL 34997	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME ZABLOCKI, RITA	
1.3 STREET ADDRESS 395 SE CARDINAL TRAIL	
1.4 CITY-ST-ZIP STUART FL 34997	
2.1 TITLE 1st V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME HUBBARD, ROBERT	
2.3 STREET ADDRESS 1024 RIVERSIDE DR	
2.4 CITY-ST-ZIP STUART FL 34997	
3.1 TITLE 2nd V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME BAKER, MIM	
3.3 STREET ADDRESS 1024 SE ST. LUCIE BLVD. B30X	
3.4 CITY-ST-ZIP STUART FL 34996	
4.1 TITLE 3rd V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME LUCAS IRENE	
4.3 STREET ADDRESS 8282 BITTERBUSH LANE	
4.4 CITY-ST-ZIP PORT ST. LUCIE FL 34952	
5.1 TITLE TRES.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME DRYDEN, ELWOOD	
5.3 STREET ADDRESS 3251 S.E. FAIRWAY W	
5.4 CITY-ST-ZIP STUART FL 34997	
6.1 TITLE SECT.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME STYENSON, SUE	
6.3 STREET ADDRESS 2069 SW MAYFLOWER DR.	
6.4 CITY-ST-ZIP PALM CITY FL 34990	

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: Elwood R Dryden **ELWOOD R. DRYDEN TRES** 1/6/97 288-7126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0072095

CP2E037 (9/96)