

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721162

1. Entity Name

MARTIN MEMORIAL HOSPITAL AUXILIARY, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90080 010 ****61.25

| | |
|---|--|
| Principal Place of Business | Mailing Address |
| 1 HOSPITAL DRIVE P.O. BOX 9010 STUART FL 34995-9010 US | P.O. BOX 9010 P.O. BOX 9010 STUART FL 34995-9010 US |



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 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 | Applied For |
| 23-7115443 | <input type="checkbox"/> Not Applicable |

| | |
|----------------------------------|---|
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
|----------------------------------|---|

6. Name and Address of Current Registered Agent

DRYDEN, ELWOOD
 100 HOSPITAL AVENUE
 STUART FL 34995

7. Name and Address of New Registered Agent

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.

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

| | | |
|-----------------------------|--|---|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-----------------------------|--|---|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LUCAS, IRENE 8212 BITTERBUSH LN PT ST LUCIE FL <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD CULLIER, DOMINICK 1692 SW MONARCH CLUB PORT ST LUCIE FL 34952 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD NEAL, KENNETH 2251 SW MAYFLOWER DR PALM CITY FL 34990 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD LAMONACO, MARIE 5160 SE SEASCAPE WY STUART FL 34997 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DRYDEN, ELWOOD 3251 SE FAIRWAY W STUART FL 34997 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD NICOLosi, ANGELINA M 1929 SW PALM CITY RD STUART FL 34994 <input checked="" type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MARY JO HORTON 2626 S.E. EGRET CIRCLE PALM CITY FL 34990 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD MIRIAM BAKER 162 SE ST. LUCIE BLVD B-304 STUART FL 34996 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD SIMON CONSALVO 3115 NE LOQUAT LANE JENSEN BEACH FL 34957 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BETTY DERINGTON 2393 SE MILES GRANT RD. #A 106 STUART FL 34997 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: ELWOOD R. DRYDEN (TD) 1/30/00 (SEI) 288 712C
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)