

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90043 026 ****61.25

DOCUMENT # 721162

1. Entity Name

MARTIN MEMORIAL HOSPITAL AUXILIARY, INC.

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7115443

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FREITAG, BERNHARD A
100 HOSPITAL AVENUE
STUART FL 34995

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.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Delete
NAME	SHORE, CLARA	
STREET ADDRESS	7498 SE BAYCEDAR CIRCLE	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BLACKFORD, JAN	
STREET ADDRESS	P.O. BOX 326	
CITY-ST-ZIP	STUART FL 34995	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BAKER, MIRIAM	
STREET ADDRESS	162 SW ST LUCIE BLVD B-304	
CITY-ST-ZIP	STUART FL 34996	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SCICITANO, ROBERTA	
STREET ADDRESS	4281 SW PARKGATE BLVD	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FREITAG, BERNHARD	
STREET ADDRESS	3472 NE CAUSEWAY BLVD # 404	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ERICKSON, ANN R	
STREET ADDRESS	2691 SW GREENWICH WAY	
CITY-ST-ZIP	PALM CITY FL 34990	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Bernhard A. Freitag* **Bernhard A. Freitag** 561-287-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

7/20/02

CR2E037 (9/01)