


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90396 040 ****61.25

DOCUMENT # 721162

1. Entity Name
MARTIN MEMORIAL HOSPITAL AUXILIARY, INC.



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

Mailing Address
P.O. BOX 9010
P.O. BOX 9010
STUART FL 34995-9010
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country



MOORE CR2E037 (11/03)

4. FEI Number **23-7115443** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**ZABLOCKI, RITA M
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. I am familiar with, and accept the obligations of registered agent.

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
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	PD BISHOP, ROY E 192 SE ST. LUCIE BLVD. B302 STUART FL 34996-4729 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARBARA E. BUSH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MYERS, MIKE 1850 PALM CITY ROAD S1-203 STUART FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CLINTON BUSH 4855 SW KOCH LANE PALM CITY FL 34990-3984 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZABLOCKI, RITA M 395 SE CARDINAL TRAIL STUART FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCICCHITANO, ROBERTA 8008 KIAWAH DRIVE PORT SAINT LUCIE FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BEN JAMIN CORAGGIO 2615 S.W. PROSPECT PL PALM CITY, FL 34990 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WASSIL, JACQUELINE 2288 SW HUNTERS CLUB WAY PALM CITY FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELLEN BERRY 3991 B SW GREENWOOD WAY PALM CITY, 34990 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ERICKSON, ANN R 2691 SW GREENWICH WAY PALM CITY FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARY HAULE 1860 S.W. PALM CITY AVE d 205 STUART FL 34994-7423 <input 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: *Rita M. Zablocki* **RITA M. ZABLOCKI** 4-27-04 772-287-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **X3187**