


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90149 015 \*\*\*\*61.25

<b>DOCUMENT # 721.162</b>			
1. Entity Name <b>MARTIN MEMORIAL HOSPITAL AUXILIARY, INC.</b>			
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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number <b>23-7115443</b>		Applied For <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  <b>ZABLOCKI, RITA M 300 HOSPITAL AVENUE P.O. BOX 9010 STUART FL 34995</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>Rita M Zablocki</i>		DATE <b>4-19-06</b>	
Signature, typed or printed name of the registered agent and title if applicable		(NOTE: Registered Agent signature required when re-registering)	
<b>FILE NOW: FEE IS \$61.25 Due By May 1 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUSH, BARBARA E 192 SE ST. LUCIE BLVD. B302 STUART FL 34996-4729 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEMKE, JOAN E. 1007 KITCHING COVE LANE PORT ST LUCIE FL 34952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE LEMKE, JOAN 1007 KITCHING COVE LANE PORT SAINT LUCIE FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE KEMP, EVA A. 3381 DIAMOND HILL TERRACE HOBE SOUND, FL 33455 <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	VD RENNEDY, JOHN 7293 SOUTHEAST SEAGATE LANE STUART FL 34997 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NOVAK, STEPHEN 3744 N.W. PINEOAK DRIVE JENSEN BEACH FL 34957 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERRY, ELLEN 3991-B W GREENWOOD WAY PALM CITY FL 34990 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERNHARDT, ALICE 9304 S.G. HAWKS NEST CT. HOBE SOUND, FL 33455 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAULE, MARY 1860 SW PALM CITY AVE #205 STUART FL 34994 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PITTS, BARBARA 1951 S.W. YORK LANE PALM CITY FL 34990 <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 exemptions contained in Section 119, 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 4-19-06 772-287-5200