

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Apr 20, 2011
Secretary of State**

DOCUMENT# 721162

Entity Name: MARTIN MEMORIAL HOSPITAL AUXILIARY, INC.**Current Principal Place of Business:**200 HOSPITAL DRIVE
STUART, FL 349959010 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 9010
P.O. BOX 9010
STUART, FL 349959010 US**New Mailing Address:****FEI Number:** 23-7115443**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GOLDTHWAITE, NANCY D
200 HOSPITAL AVE
STUART, FL 34994 US**Name and Address of New Registered Agent:**ZABLOCKI, RITA
200 HOSPITAL AVE
STUART, FL 34994 US

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: RITA ZABLOCKI

04/20/2011

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**Title: P
Name: GUERARD, SHELLEY
Address: 540 SE SAINT LUCIE BLVD
City-St-Zip: STUART, FL 33996Title: PE
Name: MEYER, ROSEMARY
Address: 908 NW MOSSY OAK WAY
City-St-Zip: JENSEN BEACH, FL 34957Title: T
Name: ZABLOCKI, RITA
Address: 395 SE CARDINAL TRAIL
City-St-Zip: STUART, FL 34997Title: VP
Name: BIELINSKI, ANN
Address: 3824 SW JACOBS ST
City-St-Zip: PORT ST LUCIE, FL 34953Title: RS
Name: KISH-SKIDMORE, TERRY
Address: 8880 S. OCEAN DRIVE, #901
City-St-Zip: JENSEN BEACH, FL 34957Title: CS
Name: PITTS, BARBARA
Address: 1951 SW YORK LN
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RITA ZABLOCKI

T

04/20/2011

Electronic Signature of Signing Officer or Director_____
Date