

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740952 (7)
1. Corporation Name
LAWNWOOD MEDICAL CENTER AUXILIARY, INC.



Principal Place of Business
**1700 S 23RD STREET
FORT PIERCE FL 34954**

Mailing Address
**P. O. BOX 188
FORT PIERCE FL 34954**

3. Date Incorporated or Qualified
12/06/1977

3a. Date of Last Report
03/15/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1820872		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
City & State		City & State					
23		28					
Zip		Country					
24		25					
City		Country					
29		30					

9. Name and Address of Current Registered Agent

**BOHSALI, HALA M.
7868 SADDLEBROOK DR
PORT ST LUCIE FL 34986**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Hala B. Nisali* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BOHSALI, HALA M.	1.2 NAME	
STREET ADDRESS	7868 SADDLEBROOK DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPD KROGSTAD, JOHANNA	2.2 NAME	
STREET ADDRESS	1433-D CAPTAINS WALK	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RS CLUTTER, PAULINE	3.2 NAME	
STREET ADDRESS	1463-A CAPTAINS WALK	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T SALAMON, HELEN	4.2 NAME	ARNOLD, LIGIA M.
STREET ADDRESS	319-A COLONY LANE	4.3 STREET ADDRESS	7605 BUTLER LANE
CITY-ST-ZIP	FORT PIERCE FL	4.4 CITY-ST-ZIP	PORT ST LUCIE FL 34986
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S ST. JERNBERG, DORIS	5.2 NAME	GRAY, BETTY
STREET ADDRESS	6905 PLUMOSA LANE	5.3 STREET ADDRESS	4861 SELVITZ ROAD
CITY-ST-ZIP	FT PIERCE FL	5.4 CITY-ST-ZIP	FT PIERCE FL 34981
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DVP STEELE, MAXINE	6.2 NAME	KENNY, JEAN
STREET ADDRESS	3732 ST FRANCIS RD	6.3 STREET ADDRESS	2302 SUNRISE BLVD APT 208
CITY-ST-ZIP	FT PIERCE FL	6.4 CITY-ST-ZIP	FT PIERCE FL 34982

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Hala B. Nisali* 2/6/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)