2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2010
Secretary of State

DOCUMENT# 740952

Entity Name: LAWNWOOD MEDICAL CENTER AUXILIARY, INC.

Current Principal Place of Business:

1700 S 23RD STREET
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

1700 S 23RD STREET
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 59-1820872 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: DUNN, PAT B
Address: 14105 ANGLE ROAD
City-St-Zip: FORT PIERCE, FL 34945

Title: 1VP
Name: CRAMER, FLORA
Address: 3067 CHARLES WAY
City-St-Zip: FORT PIERCE, FL 34946

Title: 2VP
Name: HARDIE, POMMY
Address: 1373 S. BROCKSMITH ROAD
City-St-Zip: FORT PIERCE, FL 34945

Title: RS
Name: BUHRO, MARJORIE
Address: 806 HOWARD STREET
City-St-Zip: FORT PIERCE, FL 34982

Title: CS
Name: SCHWARZKOPF, DOROTHY
Address: 110 YACHT VIEW LANE
City-St-Zip: FORT PIERCE, FL 34946

Title: T
Name: SANDERS, MOSE (SANDY)
Address: 2404 SHAMROCK ROAD
City-St-Zip: FORT PIERCE, FL 34946

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: PAT DUNN P 02/12/2010
Electronic Signature of Signing Officer or Director Date