


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **717016** (0)

1. Corporation Name

AUXILIARY OF COLUMBIA ST. PETERSBURG MEDICAL CENTER, INC.

Principal Place of Business

Mailing Address

**6500 38TH AVE. NO.
ST. PETERSBURG FL 33710**

**6500 38TH AVE. NO.
ST. PETERSBURG FL 33710-1629**



3. Date Incorporated or Qualified **08/15/1969** 3a. Date of Last Report **04/26/1996**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2045366	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JACKSON, EARL H.
6844 34TH AVENUE NORTH
ST PETERSBURG FL 33710**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, GRACE	1.2 NAME	
STREET ADDRESS	3005 81ST STREET NO.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL 33710	1.4 CITY - ST - ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CESCHAN, ROSE MARIE	2.2 NAME	Preissler Arlene
STREET ADDRESS	34413 OLEANDER DR.	2.3 STREET ADDRESS	5285 Flamingo Ct.
CITY - ST - ZIP	PINELLAS PARK FL 34665	2.4 CITY - ST - ZIP	St Petersburg Fla. 33710
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, PAT	3.2 NAME	
STREET ADDRESS	6477 33RD AVE. N.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL 33710	3.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, EARL H.	4.2 NAME	
STREET ADDRESS	6844 34TH AVE N	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, MICKEY	5.2 NAME	
STREET ADDRESS	1533 N 55 ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	5.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASKULAK, KATHERINE	6.2 NAME	
STREET ADDRESS	5285 26 AVE. N.	6.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL 33710	6.4 CITY - ST - ZIP	

14. I do 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 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: *Earl H. Jackson* **Earl H. Jackson**

4/7/97 Date

813 347 7279

DePhone Phone # 0050712

CR2E037 (9/96)