

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90095 020 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 717016**

1. Corporation Name

**AUXILIARY OF ST. PETERSBURG GENERAL HOSPITAL, IN C.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		28 Suite, Apt. #, etc.		08/15/1969	
22 City & State		27 City & State		4. FEI Number	
23 Zip		29 Zip		59-2045366	
24 Country		30 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**HENRY, PATRICIA A.**  
**6017-38TH AVE N**  
**ST PETERSBURG FL 33710**

10. Name and Address of New Registered Agent

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

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

*Patricia A. Henry*  
 Signature, typed or printed name of registered agent and use if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/22/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	KELLY, GRACE	1.2 NAME	
STREET ADDRESS	4435 97TH AVE N	1.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 33772	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	Secretary
NAME	PREISSLER, ARLENE	2.2 NAME	Pat W. Decker
STREET ADDRESS	5282 FLAMINGO CT	2.3 STREET ADDRESS	6477-33rd Ave N
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	St. Petersburg FL 33710
TITLE	D	3.1 TITLE	
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	4.1 TITLE	
NAME	HENRY, PATRICIA A.	4.2 NAME	
STREET ADDRESS	6017 38TH AVE N	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
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	VP	6.1 TITLE	
NAME	SCHREIBER, SHIRLEY	6.2 NAME	
STREET ADDRESS	7066 49TH AVE N	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	6.4 CITY-ST-ZIP	

14. I 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other officers empowered.

SIGNATURE:

*Patricia A. Henry*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

2/22/99

Daytime Phone

(727) 381-2261

CR2E037 (11/98)