

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90407 040 ****61.25

DOCUMENT # 717016 1. Entity Name AUXILIARY OF ST. PETERSBURG GENERAL HOSPITAL, INC.					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MCQUADE, CHET 1926 NORFOLK STREET NORTH SAINT PETERSBURG, FL 33710				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution: ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCQUADE, CHET ☒ Delete 1926 NORFOLK STREET NORTH SAINT PETERSBURG, FL 33710		TITLE P NAME STREET ADDRESS CITY-ST-ZIP	FRANK KANSINECZ ☒ Change ☐ Addition 3851 97TH TER. N PINELLAS PARK, FL 33782	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'BRIEN, MARGARET ☒ Delete 113 DOGWOOD CIRCLE N SEMINOLE, FL 33777		TITLE SEC. NAME STREET ADDRESS CITY-ST-ZIP	PATRICIA ECKSTEIN ☒ Change ☐ Addition 6081 49 Ave N KENNESAW CITY, FL 33709	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWE, CAROL ☒ Delete 2531 62ND STREET NORTH SAINT PETERSBURG, FL 33710		TITLE D NAME STREET ADDRESS CITY-ST-ZIP	CAROL MCQUADE ☒ Change ☐ Addition 1926 NORFOLK ST N ST PETE FL 33710	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCQUADE, CAROL ☒ Delete 1926 NORFOLK STREET NORTH SAINT PETERSBURG, FL 33710		TITLE T NAME STREET ADDRESS CITY-ST-ZIP	CHET MCQUADE ☒ Change ☐ Addition 1926 NORFOLK ST N ST. PETE FL 33710	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, GRACE ☒ Delete 4435 92ND AVENUE NORTH PINELLAS PARK, FL 33782		TITLE D NAME STREET ADDRESS CITY-ST-ZIP	MARTIN J. SULLIVAN ☒ Change ☐ Addition 1781 65 WAY N ST PETE, FL 33710	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHIFFMAN, PEARL ☒ Delete 1868 SHORE DR S #604 SAINT PETERSBURG, FL 33707		TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	ETHAL BATSON ☒ Change ☐ Addition 9501 45 WAY N PINELLAS PARK, FL 33782	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE <u>Carol McQuade - Carol McQuade-Director</u> <u>4/28/04</u> <u>727-345-6577</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					