

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90098 023 \*\*\*\*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**

**50057328**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07102005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

**MCQUADE, CHET  
1926 NORFOLK STREET NORTH  
SAINT PETERSBURG, FL 33710**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity subscribes 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

*Chet McQuade*

Signature, Name, and Address of the Registered Agent

Signature, Name, and Address of the Registered Agent

7/18/05

**Filing Fee is \$61.25  
Due by September 7, 2005**

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 P ☒ Delete  
NAME KANSINECZ, FRANK  
STREET ADDRESS 3854 97TH TER. N.  
CITY ST ZIP PINELLAS PARK, FL 33782

TITLE P ☒ Change ☒ Addition  
NAME CHET MCQUADE  
STREET ADDRESS 1926 NORFOLK ST N  
CITY ST ZIP ST PETE FL 33710

TITLE S ☐ Delete  
NAME ECKSTEIN, PATRICIA  
STREET ADDRESS 6081 49 AVE. N.  
CITY ST ZIP KENNETH CITY, FL 33709

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE D ☒ Delete  
NAME ROWE, CAROL  
STREET ADDRESS 1926 NORFOLK ST. N.  
CITY ST ZIP SAINT PETERSBURG, FL 33710

TITLE ☒ Change ☐ Addition  
NAME DIRECTOR AT LARGE  
STREET ADDRESS SELMA GABY  
CITY ST ZIP 8011 26 AVE N  
ST PETE FL 33710

TITLE T ☐ Delete  
NAME MCQUADE, CAROL  
STREET ADDRESS 1926 NORFOLK STREET NORTH  
CITY ST ZIP SAINT PETERSBURG, FL 33710

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE D ☒ Delete  
NAME SULLIVAN, MARTIN J  
STREET ADDRESS 1781 65 WAY N.  
CITY ST ZIP SAINT PETERSBURG, FL 33710

TITLE ☒ Change ☐ Addition  
NAME 2ND VICE P.  
STREET ADDRESS RICHAGLE  
CITY ST ZIP 9200 PARK BLVD #206  
ST PETE FL 33709

TITLE VP ☒ Delete  
NAME BATSON, ETHAL  
STREET ADDRESS 9501 45 WAY N.  
CITY ST ZIP PINELLAS PARK, FL 33782

TITLE VP ☒ Change ☐ Addition  
NAME MICHELE LUPTON  
STREET ADDRESS 2001 83RD AVE. N. #1111  
CITY ST ZIP ST PETE FL 33702

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 included 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 a other like empowered.

SIGNATURE:

*Carol Ann McQuade*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/05

(727) 345-1657