2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2006 8:00 am
Secretary of State
06-21-2006 90002 035 ****61.25

DOCUMENT # 717016

1. Entity Name
AUXILIARY OF ST. PETERSBURG GENERAL HOSPITAL, INC.

Principal Place of Business	Mailing Address
6500 38TH AVE. NO. ST. PETERSBURG, FL 33710	6500 38TH AVE. NO. ST. PETERSBURG, FL 33710

05152006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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 New Registered Agent
MCQUADE, CAROL 1926 NORFOLK STREET NORTH SAINT PETERSBURG, FL 33710	Name CAROL M°QUADE Street Address (P.O. Box Number is Not Acceptable) SAME AS address on other side 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 Carol M°Quade 6/15/06
Signature, typed or printed name of registered agent and title if applicable. (FEI number required if applicable) Date

Filing Fee is $61.25
Due by September 6, 2006

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 1926 NORFOLK STREET NORTH SAINT PETERSBURG, FL 33710	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PRESIDENT MICHELE LUPTON 2001 83RD AVE N, 1111 ST. PETE FL 33702	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S ECKSTEIN, PATRICIA 6081 49 AVE. N. KENNETH CITY, FL 33709	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S. IRENE BOUCHER 5041 82ND AVE N, 208 PINELLAS PARK, FL 33781	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D GABY, ~~OSIMA~~ SELMA 8011 26 OWEN SAINT PETERSBURG, FL 33710	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T MCQUADE, CAROL 1926 NORFOLK STREET NORTH SAINT PETERSBURG, FL 33710	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP NAGLE, RIC 9200 PARK BLVD # 206 SAINT PETERSBURG, FL 33709	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP LUPTON, MICHELE 2001 83RD AVE NORTH # 1111 SAINT PETERSBURG, FL 33702	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP MARI JEAN DUMONT 6400 46 AVE N, #61 KENNETH CITY, FL 33709	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 a blank inserted for the purpose.

SIGNATURE: Carol M°Quade
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date