

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 717016

**Entity Name:** AUXILIARY OF ST. PETERSBURG GENERAL HOSPITAL, INC.

**FILED**  
**Jan 21, 2015**  
**Secretary of State**  
**CC6678863908**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 59-2045366**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

BROWN, ANITA R  
6500 38TH AVE NO  
SAINT PETERSBURG, FL 33710 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name PIKE, CORA  
Address 6500 38TH AVE. NO.  
City-State-Zip: ST. PETERSBURG FL 33710

Title S  
Name BOHNERT, DEE  
Address 6500 38TH AVE. NO.  
City-State-Zip: ST. PETERSBURG FL 33710

Title D  
Name MILES, JOAN  
Address 6500 38TH AVE. NO.  
City-State-Zip: ST. PETERSBURG FL 33710

Title VP  
Name KATRINECZ, ANDREW  
Address 6500 38TH AVE. NO.  
City-State-Zip: ST. PETERSBURG FL 33710

Title T  
Name LUCKHAM, SCOTT  
Address 6500 38TH AVE. NO.  
City-State-Zip: ST. PETERSBURG FL 33710

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: SCOTT LUCKHAM**

**TREASURER**

**01/21/2015**

Electronic Signature of Signing Officer/Director Detail

Date