ST. PETERSB	URG, FL 33710		
Current Ma	iling Address:		
6500 38TH ST. PETER	AVE. NO. SBURG, FL 33710		
FEI Numbe	r: 59-2045366		Certificate of Status Desired: Yes
Name and A	Address of Current Registered Agent:		
BROWN, ANIT 6500 38TH AV SAINT PETER			
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.			
The above name	d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Florida.
The above name SIGNATUR		stered office or regis	tered agent, or both, in the State of Florida.
		stered office or regis	tered agent, or both, in the State of Florida.
SIGNATUR	E:	stered office or regis	
SIGNATUR	E: Electronic Signature of Registered Agent	tered office or regis	
SIGNATUR Officer/Dire	E: Electronic Signature of Registered Agent		Date
SIGNATUR Officer/Dire	E: Electronic Signature of Registered Agent	Title	Date
SIGNATUR Officer/Dire Title Name	E: Electronic Signature of Registered Agent Cector Detail : P PIKE, CORA 6500 38TH AVE. NO.	Title Name	Date S KISH, DARLINE 6500 38TH AVE. NO.
SIGNATUR Officer/Dire Title Name Address	E: Electronic Signature of Registered Agent Cector Detail : P PIKE, CORA 6500 38TH AVE. NO.	Title Name Address	S KISH, DARLINE 6500 38TH AVE. NO.
SIGNATUR Officer/Dire Title Name Address City-State-Zip:	E: Electronic Signature of Registered Agent P PIKE, CORA 6500 38TH AVE. NO. ST. PETERSBURG FL 33710	Title Name Address City-State-Zip:	Date S KISH, DARLINE 6500 38TH AVE. NO. ST. PETERSBURG FL 33710
SIGNATUR Officer/Dire Title Name Address City-State-Zip: Title	E: Electronic Signature of Registered Agent Cotor Detail : P PIKE, CORA 6500 38TH AVE. NO. ST. PETERSBURG FL 33710 D	Title Name Address City-State-Zip: Title	Date S KISH, DARLINE 6500 38TH AVE. NO. ST. PETERSBURG FL 33710 VP

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

Т

LUCKHAM, SCOTT 6500 38TH AVE. NO.

City-State-Zip: ST. PETERSBURG FL 33710

Title

Name

Address

Electronic Signature of Signing Officer/Director Detail

TREASURER

01/27/2016 Date

FILED Jan 27, 2016 **Secretary of State** CC5788732317

DOCUMENT# 717016

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

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

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