

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 721162

**Entity Name:** MARTIN MEMORIAL HOSPITAL AUXILIARY, INC.

**Current Principal Place of Business:**

200 SE HOSPITAL AVENUE  
STUART, FL 34995-9010

**Current Mailing Address:**

P.O. BOX 9010  
AUXILIARY  
STUART, FL 34995-9010 US

**FEI Number:** 23-7115443

**Certificate of Status Desired:** Yes

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

GUERARD, SHELLEY  
200 HOSPITAL AVE  
STUART, FL 34994 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:** SHELLEY GUERARD

03/20/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D, PRESIDENT  
Name TAYLOR, NANCYANN  
Address P.O. BOX 9010-AUXILIARY  
City-State-Zip: STUART FL 34995

Title D, TREASURER  
Name GUERARD, SHELLEY  
Address P.O. BOX 9010 AUXILIARY  
City-State-Zip: STUART FL 34995

Title D, VP  
Name HAMDEN, MARY-ESTELLE  
Address P.O. BOX 9010-AUXILIARY  
City-State-Zip: STUART FL 34995

Title D,CORRESPONDING SECRETARY  
Name PITTS, BARBARA  
Address P.O. BOX 9010-AUXILIARY  
City-State-Zip: STUART FL 34995

Title D, RECORDING SECRETARY  
Name COX, SANDRA  
Address P.O. BOX 9010 - AUXILIARY  
City-State-Zip: STUART FL 34995

*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:** SHELLEY GUERARD

TREASURER

03/20/2018

Electronic Signature of Signing Officer/Director Detail

Date