

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

DOCUMENT# 721162

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

**FILED**  
**May 13, 2015**  
**Secretary of State**  
**CC1331396275**

**Current Principal Place of Business:**

200 HOSPITAL DRIVE  
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

05/13/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MICHAUD, BILL  
Address        P.O. BOX 9010  
                  AUXILIARY  
City-State-Zip: STUART FL 34995-9010

Title            PE  
Name            STAMM, NICKI  
Address        P.O. BOX 9010  
                  AUXILIARY  
City-State-Zip: STUART FL 34995-9010

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

Title            VP1  
Name            HAMDEN, MARY-ESTELLE  
Address        P.O. BOX 9010  
                  AUXILIARY  
City-State-Zip: STUART FL 34995-9010

Title            VP2  
Name            GUIDO, BARBARA  
Address        P.O. BOX 9010  
                  AUXILIARY  
City-State-Zip: STUART FL 34995-9010

Title            RS  
Name            COLITTE, GLORIA  
Address        P.O. BOX 9010  
                  AUXILIARY  
City-State-Zip: STUART FL 34995-9010

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

*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**

05/13/2015

Electronic Signature of Signing Officer/Director Detail

Date