

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721162

Entity Name: MARTIN MEMORIAL HOSPITAL AUXILIARY, INC.

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

01/12/2016

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 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

01/12/2016

Electronic Signature of Signing Officer/Director Detail

Date