

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721162

Entity Name: MARTIN MEMORIAL HOSPITAL AUXILIARY, INC.

FILED
Jan 20, 2014
Secretary of State
CC3893231084

Current Principal Place of Business:

200 HOSPITAL DRIVE
STUART, FL 34995-9010

Current Mailing Address:

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

FEI Number: 23-7115443

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BEARISTO, MADDIE
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: MADDIE BEARISTO

01/20/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name MEYER, ROSEMARY
Address 908 NW MOSSY OAK WAY
City-State-Zip: JENSEN BEACH FL 34957

Title PE
Name TISH-SKIDMORE, TERRY
Address 1509 RIVERSIDE DRIVE
City-State-Zip: STUART FL 34996

Title T
Name BEARISTO, MADDIE
Address 4466 NW WANDERING OAK COURT
City-State-Zip: JENSEN BEACH FL 34957

Title VP1
Name WARNOCK, ISABELLA
Address 6156 SE GEORGETOWN PLACE
City-State-Zip: HOBE SOUND FL 33455

Title VP2
Name MYERS, MIKE
Address 1860 PALM CITY ROAD, #203
City-State-Zip: STUART FL 34994

Title RS
Name DYALL, SUSAN
Address 131 S. SHORE ROAD
City-State-Zip: STUART FL 34994

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: MADDIE BEARISTO

TREASURER

01/20/2014

Electronic Signature of Signing Officer/Director Detail

Date