

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740952

Entity Name: LAWNWOOD MEDICAL CENTER AUXILIARY, INC.**Current Principal Place of Business:**1700 S 23RD STREET
FORT PIERCE, FL 34950**Current Mailing Address:**1700 S 23RD STREET
FORT PIERCE, FL 34950**FEI Number: 59-1820872****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LAWNWOOD REGIONAL MEDICAL CENTER AUXILIARY
1700 SO. 23RD ST
FT PIERCE, FL 34982 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRES
Name	TOMLIN, HELEN
Address	350 SUNRISE DRIVE
City-State-Zip:	FORT PIERCE FL 34945

Title	2VP
Name	BANACK, CANDACE
Address	1001 INDIAN RIVER DRIVE
City-State-Zip:	FORT PIERCE FL 34950

Title	CS
Name	TOWNE, REBECCA
Address	1630 SEAWAY DRIVE
City-State-Zip:	FT PIERCE FL 34949

Title	1VP
Name	SOWERBY, VELMA
Address	38 IPENEMA WAY
City-State-Zip:	FORT PIERCE FL 34951

Title	RS
Name	SPIVEY, JEAN
Address	4207 METZGER ROAD
City-State-Zip:	FORT PIERCE FL 34947

Title	TREA
Name	JENKINS, RICHARD
Address	6625 WOODS ISLAND CIRCLE APT 104
City-State-Zip:	FORT PIERCE FL 34952

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: RICHARD JENKINS**TREA****02/07/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date