

**2015 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	DUNN, PATRICIA
Address	1700 S 23RD STREET
City-State-Zip:	FORT PIERCE FL 34950

Title	2VP
Name	DAVIS, FELICIA
Address	1703 N.27TH STREET
City-State-Zip:	FORT PIERCE FL 34947

Title	CS
Name	HARDIE, POMMY
Address	1373 S. BROCKSMITH RD
City-State-Zip:	FT PIERCE FL 34945

Title	1VP
Name	HURLEY, PATRICIA
Address	2109 W. BOOTH DR
City-State-Zip:	FORT PIERCE FL 34982

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

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 L JENKINS****TREASURER****01/12/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date