

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000000307

Entity Name: PARRISH MEDICAL CENTER AUXILIARY, INC.**Current Principal Place of Business:**951 N. WASHINGTON AVENUE
TITUSVILLE, FL 32796**Current Mailing Address:**951 N. WASHINGTON AVENUE
TITUSVILLE, FL 32796**FEI Number:** 46-4518861**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VAN HEUSEN, MICHAEL J
228 ADDISON WAY
TITUSVILLE, FL 32780 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	PRESIDENT
Name	VAN HEUSEN, MICHAEL J
Address	228 ADDISON WAY
City-State-Zip:	TITUSVILLE FL 32780

Title	TREASURER
Name	COCHRAN, PEGGY
Address	3411 FOX WOOD DRIVE
City-State-Zip:	TITUSVILLE FL 32780

Title	1ST VICE PRESIDENT
Name	HART, RICHARD S
Address	5 INDIAN RIVER AVENUE APT 804
City-State-Zip:	TITUSVILLE FL 32796

Title	2ND VICE PRESIDENT
Name	TURGEON, NANCY
Address	865 MARCELLA LANE
City-State-Zip:	TITUSVILLE FL 32780

Title	SECRETARY
Name	VESTER, KAREN
Address	5641 SPARROWS WOOD DRIVE
City-State-Zip:	TITUSVILLE FL 32780

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: MICHAEL J. VAN HEUSEN**PRESIDENT****01/16/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date