

2023 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:**MCALPINE, CHRISTOPHER A
951 NORTH WASHINGTON AVENUE
TITUSVILLE, FL 32796 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:** CHRISTOPHER A MCALPINE

07/11/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN, PRESIDENT
Name MIKITARIAN, GEORGE
Address 951 N. WASHINGTON AVENUE
City-State-Zip: TITUSVILLE FL 32796

Title TREASURER
Name BACON, DARRELL
Address 951 N. WASHINGTON AVENUE
City-State-Zip: TITUSVILLE FL 32796

Title PRESIDENT ELECT
Name SELLERS, NATALIE
Address 951 N. WASHINGTON AVENUE
City-State-Zip: TITUSVILLE FL 32796

Title SECRETARY
Name SMITH, GERALD
Address 951 N. WASHINGTON AVENUE
City-State-Zip: TITUSVILLE FL 32796

Title VP
Name MCALPINE, CHRISTOPHER
Address 951 N. WASHINGTON AVENUE
City-State-Zip: TITUSVILLE FL 32796

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: CHRISTOPHER MCALPINE

VP

07/11/2023

Electronic Signature of Signing Officer/Director Detail

Date