

**2022 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

01/26/2022

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

01/26/2022

Electronic Signature of Signing Officer/Director Detail

Date