

2017 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 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

Title FIRST VICE PRESIDENT
Name COX, DEBORAH K
Address 2895 LIBERTY AVENUE
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

01/06/2017

Electronic Signature of Signing Officer/Director Detail

Date