

**2020 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

01/16/2020

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 BAILEY, KENT  
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

VICE PRESIDENT

01/16/2020

Electronic Signature of Signing Officer/Director Detail

Date