

2024 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

04/02/2024

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 SITOWITZ, MICHAEL
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 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

04/02/2024

Electronic Signature of Signing Officer/Director Detail

Date