


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90149 015 ****61.25

DOCUMENT # 721162 1. Entity Name MARTIN MEMORIAL HOSPITAL AUXILIARY, INC.					
Principal Place of Business 1 HOSPITAL DRIVE P.O. BOX 9010 STUART FL 34995-9010 US		Mailing Address P.O. BOX 9010 P.O. BOX 9010 STUART FL 34995-9010 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 23-7115443	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZABLOCKI, RITA M 300 HOSPITAL AVENUE P.O. BOX 9010 STUART FL 34995				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Rita M Zablocki</i></u> 4-19-06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME BUSH, BARBARA E STREET ADDRESS 192 SE ST. LUCIE BLVD. B302 CITY-ST-ZIP STUART FL 34996-4729	<input checked="" type="checkbox"/> Delete		TITLE PD NAME LEMKE, JOAN E. STREET ADDRESS 1007 KITCHING COVE LANE CITY-ST-ZIP PORT ST LUCIE FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PE NAME LEMKE, JOAN STREET ADDRESS 1007 KITCHING COVE LANE CITY-ST-ZIP PORT SAINT LUCIE FL 34952	<input type="checkbox"/> Delete		TITLE PE NAME KEMP, EVA A. STREET ADDRESS 3381 DIAMOND HILL TERRACE CITY-ST-ZIP HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME ZABLOCKI, RITA M STREET ADDRESS 395 SE CARDINAL TRAIL CITY-ST-ZIP STUART FL 34997	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME RENNEDY, JOHN STREET ADDRESS 7293 SOUTHEAST SEAGATE LANE CITY-ST-ZIP STUART FL 34997	<input checked="" type="checkbox"/> Delete		TITLE VD NAME NOVAK, STEPHEN STREET ADDRESS 3744 N.W. PINEOAK DRIVE CITY-ST-ZIP JENSEN BEACH FL 34957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME BERRY, ELLEN STREET ADDRESS 3991-B W GREENWOOD WAY CITY-ST-ZIP PALM CITY FL 34990	<input checked="" type="checkbox"/> Delete		TITLE SD NAME BERNHARDT, ALICE STREET ADDRESS 9304 S.E. HAWKS NEST CT. CITY-ST-ZIP HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME HAULE, MARY STREET ADDRESS 1860 SW PALM CITY AVE #205 CITY-ST-ZIP STUART FL 34994	<input checked="" type="checkbox"/> Delete		TITLE SD NAME PITTS, BARBARA STREET ADDRESS 1951 S.W. YORK LANE CITY-ST-ZIP PALM CITY FL 34990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rita M Zablocki* RITA M. ZABLOCKI 4-19-06 772-287-5200