2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#721162

FILED Apr 04, 2012 Secretary of State

Entity Name: MARTIN MEMORIAL HOSPITAL AUXILIARY, INC.

Current Principal Place of Business: New Principal Place of Business:

200 HOSPITAL DRIVE STUART, FL 349959010 US

Current Mailing Address: New Mailing Address:

P.O. BOX 9010 P.O.BOX 9010

STUART, FL 349959010 US

FEI Number: 23-7115443 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ZABLOCKI, RITA 200 HOSPITAL AVE STUART, FL 34994

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

OFFICERS AND DIRECTORS:

US

Title: F

Name: MEYER, ROSEMARY
Address: 908 NW MOSSY OAK WAY
City-St-Zip: JENSEN BEACH, FL 34957

Title: PE

Name: DOUDS, ROBERT
Address: 1509 RIVERSIDE DRIVE
City-St-Zip: STUART, FL 34996

Title:

 Name:
 ZABLOCKI, RITA

 Address:
 395 SE CARDINAL TRAIL

 City-St-Zip:
 STUART, FL 34997

Title: VP1

Name: WARNOCK, ISABELLA

Address: 6156 SE GEORGETOWN PLACE City-St-Zip: HOBE SOUND, FL 33455

Title: VP2

Name: MYERS, MIKE

Address: 1860 PALM CITY ROAD, #203

City-St-Zip: STUART, FL 34994

Title: RS

Name: EDWARDS, KATHLEEN Address: 1257 SE FLEMING WAY City-St-Zip: STUART, FL 34997

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: RITA ZABLOCKI T 04/04/2012