FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766979 (9)

1. Corporation Name
MEDICAL CENTER OF PORT ST. LUCIE AUXILIARY, INC.

Principal Place of Business	Mailing Address
1800 S.E. TIFFANY AVE. PORT ST. LUCIE FL 34952	1800 S.E. TIFFANY AVE. PORT ST. LUCIE FL 34952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/15/1963
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-2292230 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

SEELEY, ROBERT L., ESQ.
9507 SOUTH FEDERAL HWY., SUITE 7
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~P~~	1.1 TITLE	P ☒ Change ☐ Addition
NAME	~~SPITZER, MARGARET~~	1.2 NAME	STRADLING, BARBARA
STREET ADDRESS	~~2581 S.E. DELAND RD.~~	1.3 STREET ADDRESS	5304 CITRUS AVE
CITY-ST-ZIP	~~PORT ST. LUCIE FL~~	1.4 CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	~~VP~~	2.1 TITLE	PE ☐ Change ☒ Addition
NAME	~~STRADLING, BARBARA~~	2.2 NAME	LEE NANCE
STREET ADDRESS	~~5304 CITRUS AVE.~~	2.3 STREET ADDRESS	2301 MIDTOWN RD.
CITY-ST-ZIP	~~FT. PIERCE FL~~	2.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952
TITLE	~~X~~ VP	3.1 TITLE	D ☐ Change ☐ Addition
NAME	ADELINE, COURTNEY	3.2 NAME	TURNER, JESSIE
STREET ADDRESS	402 SE STARFLOWER AVE.	3.3 STREET ADDRESS	355 SW CHERRYHILL ROAD
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	3.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34953
TITLE	~~T~~	4.1 TITLE	☐ Change ☐ Addition
NAME	~~HAAG, PATRICIA~~	4.2 NAME	VP X
STREET ADDRESS	~~1510 SE MINORCO AVE.~~	4.3 STREET ADDRESS	MADALINE F. WYGANT
CITY-ST-ZIP	~~PORT ST. LUCIE FL 34952~~	4.4 CITY-ST-ZIP	2337 se holland st.
TITLE	D	5.1 TITLE	~~PORT ST. LUCIE, FL 34952~~ ☐ Change ☐ Addition
NAME	REHBERG, TRUDY	5.2 NAME	
STREET ADDRESS	2 LAKE VISTA TRAIL, #106	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	DELETED BY MAY 1 ☐ Change ☐ Addition
NAME	KLEIN, FRANK	6.2 NAME	
STREET ADDRESS	2250 SE ABCOR RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	6.4 CITY-ST-ZIP	

$ 6/29

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara Stradling 24 APRIL 1995 407 335-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BARBARA STRADLING, PRESIDENT

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