## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

(9)

DOCUMENT # MEDICAL CENTER OF PORT ST. LUCIE AUXILIARY, INC.

**FILED** Apr 29 1996 8:00 am Secretary of State

	<b>CHIEF FIRE</b>			Ш

Principal Place of Business		Mailing Address							
1800 S.E. TIFF	· · · ·	1800 S.E. TIFFANY AVE.							
PORT ST. LUC	HE FL 34952	PORT ST. LUCIE FL 34	302			Date Incorporated or Qualified 02/15/1983		ite of Last F 05/01/19	
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number	!	F	Applied For
21. Fill Cipair ia	CO OF Educations	26				59-2292230			Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		<b>+</b>	Additional Required
City & State		City & State		- —		Election Campaign Financing Trust Fund Contribution			May Be
Zip	Country	<b>Z</b> ip	Count	liy		8. This corporation has liability for in	tangible ta	ax under s.	
24	25	29	30			10. Name and Address of New Re			
<del></del>	9. Name and Address of Curre	nt Hegistered Agent		R1 H	Name	TO. Hame and Page 50 Street			
			`	1					
SEELEY, ROBERT L., ESQ. 9507 SOUTH FEDERAL HWY., SUITE 7					Street Add	cliens (P.O. Box Number is Not Acceptable)			
	. LUCIE FL 34952		1	B3					
			1	84 (	City		<b></b>	85 Zı	p Code
					•	oration submits this statement for the purp	FL	<u>•                                      </u>	
SIGNATI IRE	h, and accept the obligations of, Sec Signature, typed or printed name of registered ager			Agent s	gnature requi	irəd whan reinstatingi	DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFE			
TITLE	P	<b>X</b> DELETE	1.1 T(T)	LE		P		X Change	Addition
NAME	STRADLING, BARBARA		1.2 NA	ME		NANCE, LEE			
STREET ADDRESS	5304 CITRUS AVE		1.3 STF	REET AS	DDRESS	2301 MIDTOWN RD			
CITY-ST-ZIP	FORT PIERCE FL 34982		14 C/T	·-ST-	ZIP	PORT ST. LUCIE, FL 34	952_		
TITLE	PE	<b>∑</b> DELETE	2 1 1)1	ιE		PE		Change	☐ Add₁tion
NAME	NANCE, LEE		2 2 NA	ME		COURTNEY, ADELINE			
STREET ADDRESS	2301 MIDTOWN RD		2 3 STF	PEET AI	DORESS	402 STARFLOWER AVE			
CITY - ST - ZIP	PORT ST LUCIE FL 34952		2 <b>4</b> Cf	Y-SI	- ZIP	PORT ST. LUCIE, FL 3/	<del>1983</del> —		Addition
TITLE	V	<b>™</b> DELETE	3 t TIT	I.E		V		Change	Addition
NAME	ADELINE, COURTNEY		3.2 NA	ME	ì	MITCHELL, BONNIE			
STREET ADDRESS	402 SE STARFLOWER AVE		3 3 ST	<b>KE</b> ET A	DDRESS	130 AIROSO BLVD.			
CITY-ST-ZIP	PORT ST LUCIE FL 34983			Y-ST	· ZIP	PORT ST. LUCIE, FL 3	4983_	Change	☐ Addition
TITLE	D	<b>X</b> DELETE	4.1 111			D		L. J Griange	Addition
NAME	Turner, Jessie		4 2 N/			SMITH, JOHN P.			
SYREET ADDRESS	355 SW CHERRYHILL ROAD	1			ADDRESS	1626 S.W. IMPORT DR.			
CITY - ST - ZIP	PORT ST LUCIE FL 34953	Floriers		Y - ST	- ZIP	PORT ST. LUCIE, FL 3	<del>4953</del>	☐ Change	Addition
TITLE	D	<b>X</b> D€TE1E	5 1 TII			D			Х_,
NAME	REHBERG, TRUDY		5 2 NA			LADD, MARCELLA			
STREET ADDRESS	2 LAKE VISTA TRAIL, #106				ADDRESS	1167 S.W. ITHACA ST.			
CITY-ST-ZIP	PORT ST LUCIE FL 34952	X DELETE		Y-ST	- ZIP	PORT ST. LUCIE, FL 3	4983	Change	Addition
THTLE	D	<b>W</b> INFLEIF	6110			COVERT DODOTIN			*
NAME	KLEIN, FRANK		62 NJ		1000000	COVERT, DOROTHY			
STREET ADDRESS	2250 SE ABCOR RD.				ADDRESS	2737 S.E. CALADIUM A			
CITY-ST-ZIP	PORT ST. LUCIE FL		6 4 CI	I'Y-ST	- ZIP	PORT ST. LUCIE FL 3	<del>4952 -</del>	Iorida Stat	utas I further

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)(k). 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 certify 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:

LINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 (407) 335-8190