FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Apr 29 1996 8:00 am
Secretary of State

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

3. Date Incorporated or Qualified: **02/15/1983**
3a. Date of Last Report: **05/01/1995**

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

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 / Country 25	Zip 29 / Country 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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	STRADLING, BARBARA		1.2 NAME	NANCE, LEE	
STREET ADDRESS	5304 CITRUS AVE		1.3 STREET ADDRESS	2301 MIDTOWN RD	
CITY-ST-ZIP	FORT PIERCE FL 34982		1.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	
TITLE	PE	☒ DELETE	2.1 TITLE	PE	☒ Change ☐ Addition
NAME	NANCE, LEE		2.2 NAME	COURTNEY, ADELINE	
STREET ADDRESS	2301 MIDTOWN RD		2.3 STREET ADDRESS	402 STARFLOWER AVE	
CITY-ST-ZIP	PORT ST LUCIE FL 34952		2.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34983	
TITLE	V	☒ DELETE	3.1 TITLE	V	☐ Change ☒ Addition
NAME	ADELINE, COURTNEY		3.2 NAME	MITCHELL, BONNIE	
STREET ADDRESS	402 SE STARFLOWER AVE		3.3 STREET ADDRESS	130 AIROSO BLVD.	
CITY-ST-ZIP	PORT ST LUCIE FL 34983		3.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34983	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	TURNER, JESSIE		4.2 NAME	SMITH, JOHN P.	
STREET ADDRESS	355 SW CHERRYHILL ROAD		4.3 STREET ADDRESS	1626 S.W. IMPORT DR.	
CITY-ST-ZIP	PORT ST LUCIE FL 34953		4.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34953	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	REHBERG, TRUDY		5.2 NAME	LADD, MARCELLA	
STREET ADDRESS	2 LAKE VISTA TRAIL, #106		5.3 STREET ADDRESS	1167 S.W. ITHACA ST.	
CITY-ST-ZIP	PORT ST LUCIE FL 34952		5.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34983	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	KLEIN, FRANK		6.2 NAME	COVERT, DOROTHY	
STREET ADDRESS	2250 SE ABCOR RD.		6.3 STREET ADDRESS	2737 S.E. CALADIUM AVE.	
CITY-ST-ZIP	PORT ST. LUCIE FL		6.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	

CR2E037 (12/95)

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: Lee Nance 4/15/96 (407) 335-8190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LEE NANCE