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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 34952-7521

3. Date Incorporated or Qualified: 02/15/1983
3a. Date of Last Report: 04/29/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

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: Mr. Lee Nance
82 Street Address (P.O. Box Number is Not Acceptable): 2301 SE Midtown Rd/
83:
84 City: Port St. Lucie **FL** 85 Zip Code: 34952

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: Lee Nance, President — 3-4-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NANCE, LEE		1.2 NAME		
STREET ADDRESS	2301 MIDTOWN ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL		1.4 CITY-ST-ZIP		
TITLE	PE	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	COURTNEY, ADELINE		2.2 NAME		
STREET ADDRESS	402 STARFLOWER AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, BONNIE		3.2 NAME		
STREET ADDRESS	130 AIROSO BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	SMITH, JOHN P		4.2 NAME	Elaine Schnorr	
STREET ADDRESS	1626 SW IMPORT DRIVE		4.3 STREET ADDRESS	2021 SE Westmoreland	
CITY-ST-ZIP	PORT ST LUCIE FL		4.4 CITY-ST-ZIP	Port St. Lucie, Fl 34952	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	LADD, MARCELLA		5.2 NAME	Madaline Wygant	
STREET ADDRESS	1167 SW ITHACA STREET		5.3 STREET ADDRESS	2337 SE Holland St.	
CITY-ST-ZIP	PORT ST LUCIE FL		5.4 CITY-ST-ZIP	Port St. Lucie, Fl. 34952	
TITLE	D	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	COEVRT, DOROTHY		6.2 NAME	Dorothy Covert	
STREET ADDRESS	2737 SE CALADIUM AVENUE		6.3 STREET ADDRESS	2737 SE Caladium Ave.	
CITY-ST-ZIP	PORT ST. LUCIE FL		6.4 CITY-ST-ZIP	Port St. Lucie, Fl. 34952	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: SIGNATURE REQUIRED Lee Nance, Pres. — March 4, 1997 — 561-335-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0071035