FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT #

766979

(9)

MEDICAL CENTER OF PORT ST. LUCIE AUXILIARY, INC.

Principal Place of Business Mailing Address					i imaili jamin dilita allim salli lause	4811 81811 BIBIT B	ati mimit pi	MII MINK (AM)	
1800 S.E. TIFFANY AVE. PORT ST. LUCIE FL 34952 1800 S.E. TIFFANY AVE. PORT ST. LUCIE FL 34952			i2-7521						
					3. Date incorporated or Qualified 02/15/1983	3a. Date o	/29/19	port 96	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number 59-2292230			plied For	
21 Suite Ant	# clo	Suite, Apt. #, etc.			35 225230			t Applicable	
Suite, Apt. #, etc.		27			5. Certificate of Status Desired				
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23 Zip	Country	Zip	T Cou	intry	8. This corporation has liability for				
24	25	29	30	•		Yes D		100.001	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Age	nt		
				81 Name	Mr. Lee Nance				
SEELEY, ROBERT L., ESQ.				82 Street Address (P.O. Box Number is Not Acceptable)					
9507 SOUTH FEDERAL HWY., SUITE 7				83	2301 SE Midtown Rd	<u>/</u>			
PORT S	T. LUCIE FL 34952			03					
				84 City	D	FL	5 Zip (
11 Purcuant t	to the provisions of Sections 617.0503	end 617 1508 Florida Stetu	tes the a	hove-named co	Port St. Lucie proporation submits this statement for the p	urnose of ch	349	s registered	
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was	authorize	d by the corpo	ration's board of directors. I hereby accep	of the appoint	ment as	registered	
	\forall \tag{-1}	To A L	iorida Sia	lules.		-4-9	ワ		
SIGNATURE _	Signature typed or printed name of registered agen	t and title if applicable. (NO	TE: Registere	d Agent signature re	quired when reinstating)	DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC				
TITLE	Р	DELETE	1.1 T	TLE		L	Change	Addition	
NAME	NANCE, LEE		1.2 N	AME					
STREET ADDRESS	2301 MIDTOWN ROAD			TREET ADDRESS					
CITY-ST-ZIP	PORT ST. LUCIE FL	DELETE	1.4 C 2.1 Ti	TY-ST-ZIP			Change	Addition	
TITLE NAME	PE Courtney, adeline	C occerc	2.1 N	· · ·			O REI ING		
STREET ADDRESS	402 STARFLOWER AVENUE			TREET ADDRESS					
CHY-SI-ZIP	PORT ST LUCIE FL			CITY-ST-ZIP					
TETLE	V	DELETE	3.1 1				Change	Addition	
NAME	MITCHELL, BONNIE		3.2 N	AME					
STREET ADDRESS	130 AIROSO BLVD		3.3 S	TREET ADORESS					
CITY-ST-ZIP	PORT ST LUCIE FL		3.4. 0	CITY-ST-ZIP					
TITLE	D	DELETE	4.1 T	TLE	D	_ 🗆	Change	Addition	
NAME	SMITH, JOHN P		4.21	1	Elaine Schnorr				
STREET ADDRESS	1626 SW IMPORT DRIVE			TREET ADDRESS	2021 SE Westmoreland	4952			
CITY-ST-ZIP	PORT ST LUCIE FL	DELETE		ITY-ST-ZIP	D D		Change	X Addition	
TITLE	D LAND MADOCILA	KX DETELE	5.1 1		Madaline Wygant		OFIGURE	Addition CO	
NAME STORET ADDOCCO	LADD, MARCELLA 1167 SW ITHACA STREET		5.2 N	TREET ADDRESS	2337 SE Holland St.				
STREET ADDRESS	PORT ST LUCIE FL				Port St. Lucie, Fl.	34952			
CITY-ST-ZIP TITLE	D D	DELETE	5.4 C	ITY-ST-ZIP	D		Change	Addition	
NAME	COEVRT, DOROTHY		6.2 N		Dorothy Covert				
STREET ADDRESS	2737 SE CALADIUM AVENUE			TREET ADDRESS	2737 SE Caladium Ave	. •			
CITY-ST-ZIP	PORT ST. LUCIE FL			ITY-ST-ZIP	Port St. Lucie, Fl.				
		with this filing does not qual			ted in Section 119.07(3)(i), Florida Statute hat my signature shall have the same legs	s. I further ce	rtify that	the	
I am an of	n indicated on this annual report or so flicer or director of the corporation or n Block 12 or Block 13 if changed, or	the receiver or trustee empor	wered to	eccurate and the secute this rep	nat my signature shall have the same legs port as required by Chapter 617, Florida S	ai enect a s if i Statutes; and i	hat my n	ber qain; ina name	
l am an of	flicer or director of the corporation or	the receiver or trustee empor	wered to	accurate and the execute this rep	nat my signature shall have the same legs port as required by Chapter 617, Florida S	al effect as if a Statutes; and t	nade und hat my n	der oath; ame	

SIGNATURE:

March 4, 1997

561-335-4000

FILED

Mar 07 1997 8:00am

Secretary of State