FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

POCUMENT # 766979 (9)

###E COLUMBIA MEDICAL CENTER PORT ST. LUCIE / AUX ILIARY, INC.				
Principal Place of Business Malling 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 4. FEI Number Applied For
2 Dringing D	long of Business	2a. Mailing Address		59-2292230 Not Applicable
2. Principal Place of Business 2a.		\vdash		5. Certificate of Status Desired S8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22		27		Trust Fund Contribution Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
81 Nar no			Tamaca BKickhide	
NANCE, LEE				Amnia H.K. (Kbr. de Address (P.O. Box Number is Not Acceptable)
2301 SE MIDTOWN RD			83	
PORT 8f. LUCIE FL 34952			Jer	orn Beach, Flo.
1			84 City	FL 85 Zip Code 3495
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named conflice or registered agent, or both, in the State of Florida. Such change was authorized by the corpor				
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.				
SIGNATURE Signature, typod or printed name of registered agent and little if applicable. (NOTk: Registered Agent signature required when reinstating)				4/6/98
12.	Signature, typod or printed hand of registered agent OFFICERS AND		Hegislered Agent signature i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	•	DELETE		Change ☐ Addition
NAME	NÂNCE, LEE			
STREET ADDRESS	2301 MÍDTOWN ROAD		1.3 STREET ADDRESS	ADELINE COURTNEY 402 STAR FLOWER AVENUE
CITY-\$T-ZIP	PORT ST. LUCIE FL		1.4 CITY - ST - ZIP	PORT ST, LUCIE, FL 34952 Change Addition
TITLE	PE	⊠ DELETE	2.1 TITLE	
NAME	COURTNEY, ADELINE		2.2 NAME	BONNIE MITCHELL 130 NW AIROSO AVENUE
STREET ADDRESS	402 STARFLOWER AVENUE		2.3 STREET ADDRESS	130 NW AIROSO AVEN
CITY-ST-ZIP	PORT ST LUCIE FL		2.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34983
TITLE	V	K) DELETE	3.1 TITLE	PEGGY SPITZER Change M'Addition 2581 SE DELAND ROAD
NAME	MITCHELL, BONNIE		3.2 NAME	PAGGY SPITECK ROAD
STREET ADDRESS	130 AIROSO BLVD			PORT ST. LUCIE, FL 34962
CITY-ST-ZIP	PORT ST LUCIE FL	∠ DELETE	3.4. CITY-ST-ZIP	Dr. Dr. THV NECA T Change & Addition
TITLE	D Schnorr, Elaine	DELETE	4.1 TITLE P	
NAME AVECT ADDRESS	2021 SE WESTMORELAND		T. E (WIN)C	437 SW KENTWOOD ROAD
STREET ADDRESS	PORT ST LUCIE FL		4.3 STREET ADDRESS 4.4 City-St-Zip	PORT ST. LUCIE, FL 34953
CITY-ST-ZIP TITLE	D D	DELETE	5.1 TITLE	Change Addition
NAME	WYGANT, MADALINE	hamil whom the	5.2 NAME	
STREET ADDRESS	2337 SE HOLLAND ST		5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL		5.4 CITY-ST-ZIP	
TITLE	D	DELETE	6.1 TITLE	Change Addition
NAME	COVERT, DOROTHY	_	6.2 NAME	= · -
STREET ADDRESS	2737 SE CALADIUM AVENUE		6.3 STREET ADDRESS	

6.4 CITY - ST - ZIP 14. I 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.

PORT ST. LUCIE FL

Adeline R. Courtney

4/6/90

FILED

Apr 13 1998 8:00am

Secretary of State