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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766979 (9)
1. Corporation Name
THE COLUMBIA MEDICAL CENTER PORT ST. LUCIE / AUXILIARY, INC.

Principal Place of Business 1800 S.E. TIFFANY AVE. PORT ST. LUCIE FL 34952	Mailing Address 1800 S.E. TIFFANY AVE. PORT ST. LUCIE FL 34952
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 02/15/1983	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	
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No		

9. Name and Address of Current Registered Agent
**NANCE, LEE
2301 SE MIDTOWN RD
PORT ST. LUCIE FL 34952**

10. Name and Address of New Registered Agent
81 Name **Tamara A. Kirkbride**
82 Street Address (P.O. Box Number is Not Acceptable)
2614 NE Palm Ave
83 **Jensen Beach, Fla.**
84 City **FL** 85 Zip Code **34957**

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 **Tamara A. Kirkbride** DATE **4/6/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	NANCE, LEE	
STREET ADDRESS	2301 MIDTOWN ROAD	
CITY - ST - ZIP	PORT ST. LUCIE FL	
TITLE	PE	☒ DELETE
NAME	COURTNEY, ADELINE	
STREET ADDRESS	402 STARFLOWER AVENUE	
CITY - ST - ZIP	PORT ST LUCIE FL	
TITLE	V	☒ DELETE
NAME	MITCHELL, BONNIE	
STREET ADDRESS	130 AIROSO BLVD	
CITY - ST - ZIP	PORT ST LUCIE FL	
TITLE	D	☒ DELETE
NAME	SCHNORR, ELAINE	
STREET ADDRESS	2021 SE WESTMORELAND	
CITY - ST - ZIP	PORT ST LUCIE FL	
TITLE	D	☐ DELETE
NAME	WYGANT, MADALINE	
STREET ADDRESS	2337 SE HOLLAND ST	
CITY - ST - ZIP	PORT ST LUCIE FL	
TITLE	D	☐ DELETE
NAME	COVERT, DOROTHY	
STREET ADDRESS	2737 SE CALADIUM AVENUE	
CITY - ST - ZIP	PORT ST. LUCIE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	ADELINE COURTNEY	
1.3 STREET ADDRESS	402 STARFLOWER AVENUE	
1.4 CITY - ST - ZIP	PORT ST. LUCIE, FL 34952	
2.1 TITLE	PE	☒ Change ☐ Addition
2.2 NAME	BONNIE MITCHELL	
2.3 STREET ADDRESS	130 NW AIROSO AVENUE	
2.4 CITY - ST - ZIP	PORT ST. LUCIE, FL 34983	
3.1 TITLE	V	☐ Change ☒ Addition
3.2 NAME	PEGGY SPITZER	
3.3 STREET ADDRESS	2581 SE DELAND ROAD	
3.4 CITY - ST - ZIP	PORT ST. LUCIE, FL 34962	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	DOROTHY NESBIT	
4.3 STREET ADDRESS	437 SW KENTWOOD ROAD	
4.4 CITY - ST - ZIP	PORT ST. LUCIE, FL 34953	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
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.

SIGNATURE: **Adeline R. Courtney** DATE: **4/6/98**

CR2E037 (10/97)