NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # 766979**

1. Corporation Name

THE COLUMBIA MEDICAL CENTER PORT ST. LUCIE / AUX ILIARY, 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

## FILED Mar 25, 1999 8:00 am § Secretary of State

03-25-1999 90045 008 \*\*\*\*61.25



	•							
2. Principal P	lace of Business	2a. Mailing Address	-		3. Date Incorporated or Qualifed 02/15/1983			-
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		App	lied For
22		27			59-2292230		Not	Applicable
City & State	е	City & State			5. Certifcate of Status Desired	sd   \$8.75 Additional Fee Required		
Zip	Country	Zip	Count	гу	6. Election Campaign Financing		\$5.00	May Be
24	25	29	30		Trust Fund Contribution		Added to	, ,
9. Name and Address of Current Registered Agent					10. Name and Address of New	Registered /	Agent	
KIRKBRIDE, TAMARA A. 2614 NE PALM AVE JENSEN BEACH FL 34957				180 Port	SUSANNE SAM Address (P.O. Box Number is Not Accep to S. F. T. Frany St. Lucie	MON table) Ave,	as Zin C	ode
			6	4 City		FL	85 Zip C	952
11. Pursuant	to the provisions of Sections 617 0502	and 617.1508. Florida Statute	es, the abo	ve-named	corporation submits this statement for the	purpose of	changing its	egistered
office or r	egistered agent, or both, in the State of	riorida. Such change was at	Jinonzeo i	у ине сопро	oration's board of directors. I hereby acce	pt the appoir	ntment as reg	istered
	m familiar with, and accept the obligation		iua Statuli	-M	Sanner-	3/11	199	
SIGNATURE'	Susance M. Gan mon Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered A	gent signature p	equired when reinstating)	DATE		l
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO O	FFICERS AN	D DIRECTO	RS IN 12
TITLE	٧	DELETE	1.1 TITLE	:	D		Change	Addition
NAME	SPITZER, PEGGY	,	1.2 NAM	E	George Buffel			
STREET ADDRESS	2581 SE DELANO RD	• .	1.3 STRE	ET ADDRESS	_	010=0		l
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	1	1.4 CITY	·ST-ZIP	7500 Jo Anne Lane Port St. Lucie, FL.	34952		
TITLE	P	DELETE	2.1 TITLE				Change	Addition
NAME ,	COURTNEY, ADELINE	, i	2.2 NAM	E				
STREET ADDRESS	402 STARFLOWER AVENUE		2.3 STRE	ET ADDRESS				
CITY-ST-ZIP			2, 4 CITY	-ST-ZIP				
TITLE			3.1 TTTL	<u> </u>			Change	☐ Addition
NAME	MITCHELL, BONNIE	•	3.2 NAM	E	1			•
STREET ADDRESS	130 AIROSO BLVD		3.3 STR	ET ADORESS				
CITY-ST-ZIP	PORT ST LUCIE FL 34983	•	3,4, CITY	-ST-ZIP				
TITLE	D	☐ DELETE	4.1 TITLE				☐ Change	Addition .
NAME	NESBIT, DOROTHY		4. 2 NAM	IE	1			ļ
STREET ADDRESS	437 SW KENTWOOD RD		4.3 STRI	EET ADDRESS			•	
CITY-ST-ZIP	PORT ST LUCIE FL 34953		4.4 CITY	-ST-ZIP				
TITLE	D	☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME	WYGANT, MADALINE		5.2 NAM	E				
STREET ADDRESS	2337 SE HOLLAND ST		5.3 STR	EET ADDRESS				į
CITY-ST-ZIP	PORT ST LUCIE FL		5.4 CITY	-ST-ZIP				
TITLE .	D	<b>⊠</b> DELETE	6.1 TITL	Ē			Change	☐ Addition
NAME	COVERT, DOROTHY		6.2 NAM	E				
STREET ADDRESS	2737 SE CALADIUM AVENUE		6.3 STR	ET ADDRESS				
	DODT OF LUCIE EI		£4 CITY	- ST- 7IP				

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUERED

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99 335-400 Data Deyline Phone # CP2E037 (11/0)