2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 20, 2001 8:00 am Secretary of State **DOCUMENT # 766979** 1. Entity Name ST. LUCIE MEDICAL CENTER AUXILIARY, INC. 02-20-2001 90057 031 ****61.25 Principal Place of Business Mailing Address 1800 S.E. TIFFANY AVE. 1800 S.E. TIFFANY AVE. PORT ST. LUCIE FL 34952 PORT ST. LUCIE FL 34952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2292230 Not Applicable Zip Country Country 5. Certificate of Status Desired _____ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SANKER, MALLIKA 1800 S.E. TIFFANY AVE PORT ST. LUCIE FL 34952 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Channe ☐ Addition TITLE ☐ Delete MITCHELL, BONNIE J NAME MAME STREET ADDRESS 130 NW AIROSO BLVD STREET ADDRESS CITY-ST-ZIP PORT SAINT LUCIE FL 34983 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE PE BUFFEL, GEORGE NAME NAME WYNETTE L. BETCHER STREET ADDRESS **500 JOANNE LANE** STREET ADDRESS 2489 SE CAMARIN-ST---CITY-ST-ZIP CITY-ST-7IP PORT SAINT LUCIE FL 34952 PORT ST.LUCIE, FL. 34952 PE Addition TITLE ☐ Delete TITLE D MITCHELL, BONNIE NAME NAME JOAN BART STREET ADDRESS 130 AIROSO BLVD STREET ADDRESS 402 SE NARANJA CT. CITY-ST-ZIP CITY-ST-ZIP PORT ST LUCIE FL 34983 PORT ST. LUCIE, FL. 34983 ★ Change Addition TITLE ☐ Delete TITLE **NESBIT. DOROTHY** NAME ELIZABETH MOLTER STREET ADDRESS 437 SW KENTWOOD RD STREET ADDRESS 1426 SE OAKMONT LANE CITY-ST-ZIP CITY-ST-ZIP PORT ST LUCIE FL 34953 PORT ST. LUCIE, FL 34952 ☐ Delete TITI F Change ☐ Addition WYGANT, MADALINE NAME SALLIE DEY STREET ADDRESS 2337 SE HOLLAND ST STREET ADDRESS 1203 SE WALTON LAKE DRIVE CITY-ST-ZIF PORT ST LUCIE FL CITY-ST-ZIP PORT ST. LUCIE, FL. 34952 TITLE ☐ Delete TITLE Change ☐ Addition NAME BUFFEL, GEORGE NAME CARMEN PARRILLA STREET ADDRESS **500 JO ANNE LANE** STREET ADDRESS 1426 SE APPAMATTOX TERR. CITY-ST-7IF PORT ST. LUCIE FL 34952 CITY-ST-ZIP PORT ST. LUCIE, FL. 34952 12. 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 report or supplemental 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 10 or Block 11 if

SIGNATURE:

BONNIE MATTCHELL RERES! SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

335-4000