2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State
02-20-2001 90057 031 ****61.25

DOCUMENT # 766979

1. Entity Name

ST. LUCIE MEDICAL CENTER AUXILIARY, 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2292230 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANKER, MALLIKA 1800 S.E. TIFFANY AVE PORT ST. LUCIE FL 34952	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MITCHELL, BONNIE J 130 NW AIROSO BLVD PORT SAINT LUCIE FL 34983	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE BUFFEL, GEORGE 500 JOANNE LANE PORT SAINT LUCIE FL 34952	☐ Delete	PE WYNETTE L. BETCHER 2489 SE CAMARIN ST. PORT ST.LUCIE, FL. 34952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE MITCHELL, BONNIE 130 AIROSO BLVD PORT ST LUCIE FL 34983	☐ Delete	D JOAN BART 402 SE NARANJA CT. PORT ST. LUCIE, FL. 34983	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NESBIT, DOROTHY 437 SW KENTWOOD RD PORT ST LUCIE FL 34953	☐ Delete	D ELIZABETH MOLTER 1426 SE OAKMONT LANE PORT ST. LUCIE, FL 34952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WYGANT, MADALINE 2337 SE HOLLAND ST PORT ST LUCIE FL	☐ Delete	D SALLIE DEY 1203 SE WALTON LAKE DRIVE PORT ST. LUCIE, FL. 34952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUFFEL, GEORGE 500 JO ANNE LANE PORT ST. LUCIE FL 34952	☐ Delete	D CARMEN PARRILLA 1426 SE APPAMATTOX TERR. PORT ST. LUCIE, FL. 34952	☒ Change ☐ Addition

CR2E037 (10/00)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Bonnie J. Mitchell 2-14-01 561-335-4000 x 3106
BONNIE J. MITCHELL, PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #