

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766979

1. Entity Name

ST. LUCIE MEDICAL CENTER AUXILIARY, INC.

FILED

Feb 11, 2002 8:00 am  
Secretary of State

02-11-2002 90101 027 \*\*\*\*61.25

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

SANKER, MALLIKA  
1800 S.E. TIFFANY AVE  
PORT ST. LUCIE FL 34952

7. Name and Address of New Registered Agent

Name Ginger King Ginger King  
Street Address (P.O. Box Number Not Acceptable)  
1800 S.E. Tiffany Ave.  
Port St. Lucie, FL 34952  
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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, BONNIE J	
STREET ADDRESS	130 NW AIROSO BLVD	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	PE	<input type="checkbox"/> Delete
NAME	BETCHER, WYNETTE L.	
STREET ADDRESS	2489 SE CAMARIN STREET	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BART, JOAN	
STREET ADDRESS	402 SE NARANJA CT	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOLTER, ELIZABETH	
STREET ADDRESS	1426 SE OAKMONT LANE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEY, SALLIE	
STREET ADDRESS	1203 SE WALTON LAKE DRIVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARRILLA, CARMEN	
STREET ADDRESS	1426 SE APPAMATTOX TERR	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Mr.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jacques C. Meniel	
STREET ADDRESS	1882 S.E. Adair Street	
CITY-ST-ZIP	Port St. Lucie, FL 34952	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alson Buchanan	
STREET ADDRESS	1361 S.E. San Souci Ln.	
CITY-ST-ZIP	Port St. Lucie, FL 34952	
TITLE	Mrs. Stella Meniel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1882 S.E. Adair Street	
STREET ADDRESS	Port St. Lucie, FL 34952	
CITY-ST-ZIP		
TITLE	Mrs. Helen Ostensen	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2422 Caligula Avenue S.E.	
STREET ADDRESS	Port St. Lucie, FL 34952	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Wynette L. Betcher  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-02 (561) 335-4000  
Date Daytime Phone # 3106

CR2E037 (9/01)