

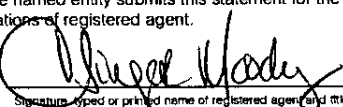
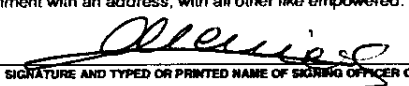


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 15, 2004 8:00 am**  
**Secretary of State**

01-15-2004 90010 022 \*\*\*\*61.25

<b>DOCUMENT # 766979</b> 1. Entity Name <b>ST. LUCIE MEDICAL CENTER AUXILIARY, INC.</b>					
Principal Place of Business <b>1800 S.E. TIFFANY AVE. PORT ST. LUCIE, FL 34952</b>			Mailing Address <b>1800 S.E. TIFFANY AVE. PORT ST. LUCIE, FL 34952</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2292230</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KING, GINGER 1800 S.E.-TIFFANY AVE PORT ST. LUCIE, FL 34952</b>			7. Name and Address of New Registered Agent Name <b>Moody, Ginger</b> Street Address (P.O. Box Number is Not Acceptable) <b>Same as before</b> City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 			DATE <b>01/08/04</b>		
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE MENIEL, JACQUES MR 1882 SE ADAIR STREET PORT SAINT LUCIE, FL 34952	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BETCHER, WYNETTE L. 2489 SE CAMARIN STREET PORT SAINT LUCIE, FL 34952	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President-Elect Bucior, Frances Mrs. 247 Solida Drive Port St. Lucie, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP1 BUCHANAN, ALSON 1361 S.E. SAN SOUCI LN PORT SAINT LUCIE, FL 34952	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP1 Vocile, Mary Mrs. 3401 SE Guinevere Lane Port St. Lucie, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENIEL, STELLA MRS 1882 S.E. ADAIR STREET PORT SAINT LUCIE, FL 34952	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP2 McCauley, Betty Mrs. 2132 SE Erwin Rd. Port St. Lucie, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEY, SALLIE 1203 SE WALTON LAKE DRIVE PORT SAINT LUCIE, FL 34952	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSTENSEN, HELEN MRS 2422 CALIGULA AVENUE S.E. PORT SAINT LUCIE, FL 34952	<input type="checkbox"/> Delete		TITLE 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: 			DATE <b>01/08/04</b>		