
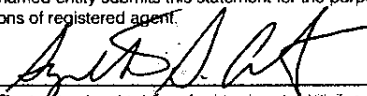
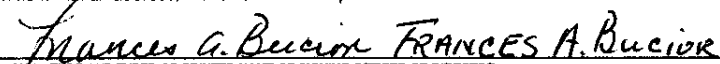


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90119 020 ****61.25

DOCUMENT # 766979					
1. Entity Name ST. LUCIE MEDICAL CENTER AUXILIARY, INC.					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2292230	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOODY, GINGER 1800 S.E. TIFFANY AVE PORT ST. LUCIE, FL 34952			Name Armstrong, Synetta		
			Street Address (P.O. Box Number is Not Acceptable) 1800 S.E. Tiffany Avenue		
			City Port St. Lucie		
			City Port St. Lucie		FL
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 		(NOTE: Registered Agent signature required when reinstating)		DATE 3/2/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE MENIEL, JACQUES MR 1882 SE ADAIR STREET PORT SAINT LUCIE, FL 34952	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Bucior, Frances A. 247 N.E. Solida Dr. Port St. Lucie, FL 34983	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE BUCIOR, FRANCES 247 SOLIDA DRIVE PORT SAINT LUCIE, FL 34983	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President-Elect Jankovic, Evelyn 1573 S.W. Del Rio Blvd. Port St. Lucie, FL 349533	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOPEZ, JOSEPHINE 1362 SW HUNNICUT AVENUE PORT SAINT LUCIE, FL 34953	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd Vice-President Preddy, Maryann 1566 S.E. Sunshine Avenue Port St. Lucie, FL 34952	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP2 MCCAULEY, BETTY 2132 SE ERWIN RD PORT SAINT LUCIE, FL 34952	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Blenke, Eleanor 9960 S. Ocean Drive, #1802 Jensen Beach, FL 34957	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	Director Erickson, Barbara 3601 Crabapple Drive Port St. Lucie, FL 34952	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSTENSEN, HELEN MRS 2422 CALIGULA AVENUE S.E. PORT SAINT LUCIE, FL 34952	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		FRANCES A. Bucior		Date: 3-2-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: (772) 335-4000	