2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State
01-25-2007 90058 031 ****61.25

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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

01132007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		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
ARMSTRONG, SYNETTA 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature required of the new Registered Agent (if applicable) (NOTE: Registered Agent's signature required when changed) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P BUCIOR, FRANCES A 247 NE SOLIDA DR PORT SAINT LUCIE, FL 34983	☒ Delete	P Jacques C. Meniel 1882 SE Adair Street Port St. Lucie, FL 34952-5802	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE JANKOVIC, EVELYN 1573 SW DEL RIO BLVD PORT SAINT LUCIE, FL 34953	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VP PRELL, MARYANN 1566 SE SUNSHINE AVE PORT SAINT LUCIE, FL 34952	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BLENKE, ELEANOR 9960 S. OCEAN DR., #1802 JENSEN BEACH, FL 34957	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEY, SALLIE 1203 SE WALTON LAKE DRIVE PORT SAINT LUCIE, FL 34952	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ERICKSON, BARBARA 3601 CRABAPPLE DRIVE PORT SAINT LUCIE, FL 34952	☐ Delete		☐ Change ☐ 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: _____ Jacques C. Meniel 01/18/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #