2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State
03-28-2008 90037 001 ****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

03182008 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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 MENIEL, JACQUES C 1882 SE ADAIR STREET PORT SAINT LUCIE, FL 34952	☐ Delete	P Mc Cauley, Betty 2132 SE Erwin Rd Port St. Lucie FL 34952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BLENKE, ELEANOR 9960 S. OCEAN DR., #1802 JENSEN BEACH, FL 34957	☐ Delete	IVP Bucior Frances 247 N'E Solida Dr Port St. Lucie, FL 34983	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ERICKSON, BARBARA 3601 CRABAPPLE DRIVE PORT SAINT LUCIE, FL 34952	☐ Delete	2VP Prell, Maryann 1566 SE Sunshine Ave Port St. Lucie, FL 34952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	T Wilson, Dolores 1572 SE. Crown St Port St. Lucie, FL 34983	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	2T Crampton, John 6214 Alexandria Cir Ft. Pierce, FL 34982	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	S Erickson, Barbara 3601 Crabapple Dr Port St. Lucie, FL 34952	☒ 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: John E. Crampton John E. Crampton 3/24/08 772 335 4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #