2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#766979

FILED Apr 02, 2009 Secretary of State

Entity Name: ST. LUCIE MEDICAL CENTER AUXILIARY, INC.

Current Principal Place of Business: New Principal Place of Business: 1800 S.E. TIFFANY AVE PORT ST. LUCIE, FL 34952 **Current Mailing Address: New Mailing Address:** 1800 S.E. TIFFANY AVE PORT ST. LUCIE, FL 34952 FEI Number: 59-2292230 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ARMSTRONG, SYNETTA 1800 S.E. TIFFANY AVE PORT ST. LUCIE, FL 34952 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MCCAULEY, BETTY Name: Name: 2132 SE ERWIN RD Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34952 City-St-Zip: Title: () Delete Title: () Change () Addition BUCIOR, FRANCES Name: Name: Address: 247 NE SOLIDA DR Address: City-St-Zip: PORT SAINT LUCIE, FL 34983 City-St-Zip: Title: 2VP () Delete Title: 2VP (X) Change () Addition PRELL, MARYANN GRAYBUSH, LAURA Name: Name: 1566 SE SUNSHINE AVE 121 SERENATA COURT Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34952 City-St-Zip: PORT SAINT LUCIE, FL 34983 Title: () Delete Title: (X) Change () Addition Name: WILSON, DOLORES Name: CRAMPTON, JOHN 6214 ALEXANDRIA AVENUE Address: 1572 SE CROWN ST Address: City-St-Zip: PORT SAINT LUCIE, FL 34983 City-St-Zip: FORT PIERCE, FL 34982 Title: () Delete Title: (X) Change () Addition CRAMPTON, JOHN ERICKSON, BARBARA Name: Name: 6214 ALEXANDRIA CIR 3601 CRABAPPLE DRIVE Address: Address: City-St-Zip: FORT PIERCE, FL 34982 City-St-Zip: PORT ST. LUCIE, FL 34952 Title: () Delete Title: (X) Change () Addition ERICKSON, BARBARA HARRIS, JUDITH Name: Name: Address: 3601 CRABAPPLE DR Address: 1774 SE BERKSHIRE BLVD PORT SAINT LUCIE, FL 34952 PORT SAINT LUCIE, FL 34952 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCES A. BUCIOR VP 04/02/2009