2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# 766979

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

Current Principal Place of Business:

1800 S.E. TIFFANY AVE.
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

1800 S.E. TIFFANY AVE.
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 59-2292230 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARMSTRONG, SYNETTA
1800 S.E. TIFFANY AVE
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: MCCAULEY, BETTY
Address: 2132 SE ERWIN RD
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: 1VP ( ) Delete
Name: BUCIOR, FRANCES
Address: 247 NE SOLIDA DR
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: 2VP ( ) Delete
Name: PRELL, MARYANN
Address: 1566 SE SUNSHINE AVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: T ( ) Delete
Name: WILSON, DOLORES
Address: 1572 SE CROWN ST
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: 2T ( ) Delete
Name: CRAMPTON, JOHN
Address: 6214 ALEXANDRIA CIR
City-St-Zip: FORT PIERCE, FL 34982

Title: S ( ) Delete
Name: ERICKSON, BARBARA
Address: 3601 CRABAPPLE DR
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: 2VP (X) Change ( ) Addition
Name: GRAYBUSH, LAURA
Address: 121 SERENATA COURT
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: T (X) Change ( ) Addition
Name: CRAMPTON, JOHN
Address: 6214 ALEXANDRIA AVENUE
City-St-Zip: FORT PIERCE, FL 34982

Title: RS (X) Change ( ) Addition
Name: ERICKSON, BARBARA
Address: 3601 CRABAPPLE DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: CS (X) Change ( ) Addition
Name: HARRIS, JUDITH
Address: 1774 SE BERKSHIRE BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34952

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

Electronic Signature of Signing Officer or Director — Date