2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#766979

FILED Feb 11, 2010 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

PORT ST. LUCIE, FL 34952 US

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: JOSEPH R. PINO 02/11/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

 Name:
 BUCIOR, FRANCES A

 Address:
 247 NE SOLIDA DRIVE

 City-St-Zip:
 PORT SAINT LUCIE, FL 34983

Title: 2VP

 Name:
 GRAYBUSH, LAURA

 Address:
 121 SERENATA COURT

 City-St-Zip:
 PORT SAINT LUCIE, FL 34983

Title: T

Name: CRAMPTON, JOHN
Address: 6214 ALEXANDRIA AVENUE
City-St-Zip: FORT PIERCE, FL 34982

Title: RS

Name: HARRIS, JUDITH

Address: 1774 SE BERKSHIRE BLVD City-St-Zip: PORT ST. LUCIE, FL 34952

Title: CS

Name: HARRIS, JUDITH

Address: 1774 SE BERKSHIRE BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34952

I hereby 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 all other like empowered.

SIGNATURE: FRANCES A. BUCIOR PRES 02/11/2010