

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766979

FILED
Jan 28, 2011
Secretary of State

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 (X)

Name and Address of Current Registered Agent:

PINO, JOSEPH R COO
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
Name: BUCIOR, FRANCES A
Address: 247 NE SOLIDA DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: 1VP
Name: KATZ, JUDY
Address: 425 NW CHIANTI COURT
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: 2VP
Name: BEVERLY, BARLOTTA
Address: 421 NW CHIANTI COURT
City-St-Zip: PORT SAINT LUCIE, FL 34986

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

01/28/2011

Electronic Signature of Signing Officer or Director

Date