

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009197

FILED
Apr 08, 2009
Secretary of State

Entity Name: THE AUXILIARY OF SAINT MARY'S MEDICAL CENTER, INC.

Current Principal Place of Business:

901 45TH STREET
WEST PLAM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

901 45TH STREET
WEST PLAM BEACH, FL 33407

New Mailing Address:

FEI Number: 20-5732142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD () Delete
Name: CAMERON, SUZANNNE
Address: 18185 S.E. VILLAGE CIRCLE
City-St-Zip: TEQUESTA, FL 33469

Title: D () Delete
Name: TIFFENBERG, ALAN
Address: 6292 HALL BLVD.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D () Delete
Name: WARD, IVAN
Address: 11651 CARACAS BLVD.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: S () Delete
Name: CONHEENY, FERNANDA
Address: 1618 TWELVE OAKS WAY, #203
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
Name:
Address:
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: SUZANNE CAMERON-PRESIDENT

PD

04/08/2009

Electronic Signature of Signing Officer or Director

Date