2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2018
Secretary of State
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DOCUMENT# 709578

Entity Name: LAKESIDE MEDICAL CENTER AUXILIARY, INC.

Current Principal Place of Business:

39200 HOOKER HIGHWAY
BELLE GLADE, FL 33430

Current Mailing Address:

39200 HOOKER HIGHWAY
BELLE GLADE, FL 33430

FEI Number: 59-2811993

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PITTS, JACKIE C
39200 HOOKER HIGHWAY
BELLE GLADE, FL 33430 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: JACKIE C PITTS 03/08/2018

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	BURKE, MARY FRANCES
Address	39200 HOOKER HIGHWAY
City-State-Zip:	BELLE GLADE FL 33430

Title	2NDVP
Name	GUERRY, YVONNE
Address	39200 HOOKER HIGHWAY
City-State-Zip:	BELLE GLADE FL 33430

Title	SECRETARY
Name	MEADOWS, IRIS TAYLOR
Address	39200 HOOKER HIGHWAY
City-State-Zip:	BELLE GLADE FL 33430

Title	1STVP
Name	GOODSON, GLENDA C
Address	39200 HOOKER HIGHWAY
City-State-Zip:	BELLE GLADE FL 33430

Title	TREASURER
Name	PITTS, JACKIE C
Address	39200 HOOKER HIGHWAY
City-State-Zip:	BELLE GLADE FL 33430

Title	CORRESPONDING SECRETARY
Name	COHICK, MARY
Address	39200 HOOKER HIGHWAY
City-State-Zip:	BELLE GLADE FL 33430

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: JACKIE C PITTS TREASURER 03/08/2018

Electronic Signature of Signing Officer/Director Detail — Date