2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766979

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

FILED Feb 07, 2019 Secretary of State 5490087827CC

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 59-2292230 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ANGELONE, LANDY OFFICER 1800 S.E. TIFFANY AVE 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: LANDY ANGELONE 02/07/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PRESIDENT Title

Name AULETTA, JEAN C PRESIDENT Name GAILLARD, JON E TREASURER

Address 1800 S.E. TIFFANY AVE. Address 1800 S.E. TIFFANY AVE.

City-State-Zip: PORT ST. LUCIE FL 34952 City-State-Zip: PORT ST. LUCIE FL 34952

Title SECRETARY Title VP

Name BUTTINO, JANET Name MILLER, SHARON

Address 1800 S.E. TIFFANY AVE. Address 1800 S.E. TIFFANY AVE.

City-State-Zip: PORT ST. LUCIE FL 34952 City-State-Zip: PORT ST. 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: JEAN AULETTA

Electronic Signature of Signing Officer/Director Detail

PRESIDENT 02/07/2019

Date