2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2019
Secretary of State
5490087827CC

DOCUMENT# 766979

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

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	T
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 PRESIDENT 02/07/2019

Electronic Signature of Signing Officer/Director Detail — Date