

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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: No

Name and Address of Current Registered Agent:

WOODS, TIFFANY 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: TIFFANY WOODS

06/08/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name AULETTA, JEAN C PRESIDENT
Address 1800 S.E. TIFFANY AVE.
City-State-Zip: PORT ST. LUCIE FL 34952

Title T
Name GAILLARD, JON E TREASURER
Address 1800 S.E. TIFFANY AVE.
City-State-Zip: PORT ST. LUCIE FL 34952

Title SECRETARY
Name BUTTINO, JANET
Address 1800 S.E. TIFFANY AVE.
City-State-Zip: PORT ST. LUCIE FL 34952

Title VP
Name BUTTINO, JANET
Address 1800 S.E. TIFFANY AVE.
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

06/08/2020

Electronic Signature of Signing Officer/Director Detail

Date