

2014 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: Yes

Name and Address of Current Registered Agent:

SHERWOOD, DEE RCOO 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: DEE SHERWOOD

01/16/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name BUTTINO, JANET PRESIDENT
Address 4231 SE HOME WAY
City-State-Zip: PORT SAINT LUCIE FL 34952

Title T
Name GAILLARD, JON E TREASURER
Address 10 VIOLETTA LANE
City-State-Zip: PORT ST, LUCIE FL 34952

Title RS
Name HARRIS, JUDITH
Address 1774 SE BERKSHIRE BLVD
City-State-Zip: PORT ST. LUCIE FL 34952

Title VP
Name BUCIOR, FRANCES A 1ST VICE
PRESIDENT
Address 247 NE SOLIDA DR.
City-State-Zip: PORT SAINT LUCIE FL 34983

Title CS
Name BIGLEY, GEORGIANA
Address 638 SW LAKE CHARLES CIRCLE
City-State-Zip: PORT SAINT LUCIE FL 34986

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: FRANCES A BUCIOR

VICE PRESIDENT

01/16/2014

Electronic Signature of Signing Officer/Director Detail

Date