2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766979

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

FILED Feb 15, 2016 Secretary of State CC5258593566

Date

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:

WILBURN, RONDA 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: RONDA WILBURN 02/15/2016

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title P Title 7

Name BUTTINO, JANET PRESIDENT Name GAILLARD, JON E TREASURER

Address 4231 SE HOME WAY Address 10 VIOLETTA LANE

City-State-Zip: PORT SAINT LUCIE FL 34952 City-State-Zip: PORT ST, LUCIE FL 34952

Title SECRETARY Title VP

Name HARRIS, JUDITH Name AULETTA, JEAN

Address 1774 SE BERKSHIRE BLVD Address 8244 SANDPINE CIRCLE
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: JANET B BUTTINO PRESIDENT 02/15/2016