## **2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 766979** 

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

FILED
Jan 24, 2013
Secretary of State
CC5108648521

## **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 01/24/2013

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title P Title T

Name BUCIOR, FRANCES A Name CRAMPTON, JOHN

Address 247 NE SOLIDA DRIVE Address 6214 ALEXANDRIA AVENUE

City-State-Zip: PORT SAINT LUCIE FL 34983 City-State-Zip: FORT PIERCE FL 34982

Title RS Title 2VP

Name HARRIS, JUDITH Name BUTTINO, JANET

Address 1774 SE BERKSHIRE BLVD Address 4231 SE HOME WAY

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

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 AUXILIARY PRESIDENT

01/24/2013

Electronic Signature of Signing Officer/Director Detail

Date