2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2013
Secretary of State
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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 01/24/2013

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P
Name	BUCIOR, FRANCES A
Address	247 NE SOLIDA DRIVE
City-State-Zip:	PORT SAINT LUCIE FL 34983

Title	T
Name	CRAMPTON, JOHN
Address	6214 ALEXANDRIA AVENUE
City-State-Zip:	FORT PIERCE FL 34982

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

Title	2VP
Name	BUTTINO, JANET
Address	4231 SE HOME WAY
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