

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **725953** (4)  
1. Corporation Name  
**PALM BEACH REGIONAL HOSPITAL AUXILIARY, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 14 PM 2:28

Principal Place of Business Mailing Address  
**P.O. BOX 1643** **P.O. BOX 1643-**  
**2829 10TH AVE NORTH** **2829 10TH AVE NORTH**  
**LAKE WORTH FL 33461-3003** **LAKE WORTH FL 33461-3003**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/30/1973** 3a. Date of Last Report **01/25/1994**  
4. FEI Number **59-1515167** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip Country 28. Zip Country  
24. Zip Country 29. Zip Country

9. Name and Address of Current Registered Agent

**SALMANSOHN, PHILIP**  
**2829-10TH AVENUE NORTH**  
**LAKE WORTH FL 33461**

10. Name and Address of New Registered Agent

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Philip Salmansohn* **Vice Pres.** DATE **12/1/95**

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>LAUNDAU, LEON</b>
STREET ADDRESS	<b>903 WORCESTER LANE</b>
CITY - ST - ZIP	<b>LAKE WORTH FL</b>
TITLE	<b>VPD</b>
NAME	<b>SALMANSOHN, PHILIP</b>
STREET ADDRESS	<b>319 PINE RIDGE CIRCLE</b>
CITY - ST - ZIP	<b>GREENACRES FL</b>
TITLE	<b>ST</b>
NAME	<b>MALKIN, ELEANOR</b>
STREET ADDRESS	<b>2536 EMORY DRIVE EAST</b>
CITY - ST - ZIP	<b>W. PALM BEACH FL</b>
TITLE	<b>VP</b>
NAME	<b>ASCHER, RUTH</b>
STREET ADDRESS	<b>862 WORCHESER LANE</b>
CITY - ST - ZIP	<b>LAKE WORTH FL</b>
TITLE	<b>D</b>
NAME	<b>RUSSELL, GRACE K.</b>
STREET ADDRESS	<b>428 LOS ALTOS ROAD</b>
CITY - ST - ZIP	<b>PALM SPRINGS FL</b>
TITLE	<b>VP</b>
NAME	<b>GOODFRIEND-ROSEN, SHIRLEY</b>
STREET ADDRESS	<b>7309 PINE NEEDLE LANE</b>
CITY - ST - ZIP	<b>LAKE WORTH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>VP Stella Silver</b>
4.3 STREET ADDRESS	<b>320 Pine Ridge Circle GREENACRES FL</b>
4.4 CITY - ST - ZIP	<b>33463</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 612, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Philip Salmansohn* **Philip Salmansohn** DATE **12/1/95** **407 968 1524**