FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 23 AM 8:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 732710

1. Corporation Name
VENCOR HOSPITAL AUXILIARY, INC.

Principal Place of Business	Mailing Address
1859 VAN BUREN STREET HOLLYWOOD FL 33020	1859 VAN BUREN STREET HOLLYWOOD FL 33020

[redacted]
2/24/99 9:37 DOG #61.25

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/08/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7291989 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LIPTON, IDA
2221 N. 41ST AVE.
HOLLYWOOD FL

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/T	☐ DELETE	1.1 TITLE	PRESIDENT/TRUSTEE	☐ Change ☐ Addition
NAME	LIPTON, ED MR.		1.2 NAME		
STREET ADDRESS	2221 N 41ST AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL - 33021		1.4 CITY-ST-ZIP		
TITLE	TD/T	☐ DELETE	2.1 TITLE	TREASURER/TRUSTEE	☐ Change ☐ Addition
NAME	LIPTON, ED MRS		2.2 NAME		
STREET ADDRESS	2221 N 41ST AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL - 33021		2.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JACOBS, MINNIE		3.2 NAME		
STREET ADDRESS	900 NE 12TH AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE	RECORDING SECRETARY	☒ Change ☐ Addition
NAME	ZOLVIC, RUBY		4.2 NAME	ZOLVIC, RUBY	
STREET ADDRESS	~~3008 JACKSON ST.~~		4.3 STREET ADDRESS	420 N.E. 12TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL		4.4 CITY-ST-ZIP	HALLANDALE FL. 33009	
TITLE	RS/T	☐ DELETE	5.1 TITLE	VICE PRESIDENT/TRUSTEE	☒ Change ☐ Addition
NAME	FRANCO, ALICE		5.2 NAME	FRANCO, ALICE	
STREET ADDRESS	1333 E. HALLANDALE BEACH BLVD.		5.3 STREET ADDRESS	1333 E. HALLANDALE BEACH BLVD	
CITY-ST-ZIP	HALLANDALE FL		5.4 CITY-ST-ZIP	HALLANDALE - 33009	
TITLE		☐ DELETE	6.1 TITLE	CORRESPONDING SECRETARY	☐ Change ☒ Addition
NAME			6.2 NAME	MARY LOWRIE	
STREET ADDRESS			6.3 STREET ADDRESS	607 S. 28TH AVE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	HOLLYWOOD, FL 33020	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ Treas. 926-9000
SIGNATURE AND TYPED OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR — Date — Daytime Phone #