

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **756105** (3)
1. Corporation Name
PEDIATRIC CARE CENTER AUXILIARY WEST, INC.



Principal Place of Business: 2881 PINE ISLAND RD., N SUITE 203 SUNRISE FLORIDA 33322 US
Mailing Address: 2881 PINE ISLAND RD., N SUITE 203 SUNRISE FLORIDA 33322 US

3. Date Incorporated or Qualified: 01/29/1981
3a. Date of Last Report: 02/22/1995

2. Principal Place of Business: 21 881 Pine Island Rd N, Suite, Apt. #, etc. apt 203, City & State Sunrise, FL, Zip 33322, Country Broward
2a. Mailing Address: 26, Suite, Apt. #, etc., City & State, Zip, Country

4. FEI Number: 59-2101773, 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: KULKIN, HANNAH, 2881 PINE ISLAND ROAD NO, SUNRISE FL 33322
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code FL

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: Hannah Kulkina, Date: 2/15/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: HOLLANDER, FAYE	1.1 TITLE:	Change Addition
STREET ADDRESS: 2811 PINE ISLAND RD NO	CITY-ST-ZIP: SUNRISE FL	1.2 NAME:	
TITLE: PD	NAME: KULKIN, HANNAH	1.3 STREET ADDRESS:	Change Addition
STREET ADDRESS: 2881 PINE ISLAND RD NO	CITY-ST-ZIP: SUNRISE FL	1.4 CITY-ST-ZIP:	
TITLE: VD	NAME: BURGAY, MAE	2.1 TITLE:	Change Addition
STREET ADDRESS: 9201 LIME BAY BLVD	CITY-ST-ZIP: TAMARAC FL	2.2 NAME:	
TITLE: VD	NAME: SOMERFIELD, MILDRED	2.3 STREET ADDRESS:	Change Addition
STREET ADDRESS: 2761 PINE ISLAND RD NO	CITY-ST-ZIP: SUNRISE FL	2.4 CITY-ST-ZIP:	
TITLE: T	NAME: FLORENCE, BERGER	3.1 TITLE:	Change Addition
STREET ADDRESS: 2811 PINE ISLAND RD. N.	CITY-ST-ZIP: SUNRISE FL	3.2 NAME:	
TITLE:	NAME:	3.3 STREET ADDRESS:	Change Addition
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	Change Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	Change Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	Change Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	Change Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	Change Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	Change Addition
STREET ADDRESS:	CITY-ST-ZIP:	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)(k), 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.

SIGNATURE: Hannah Kulkina, Date: 2/15/96, Daytime Phone #: 741-7416

CR2E037 (12/95)