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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N95000005622**

1. Corporation Name
JFK MEDICAL CENTER AUXILIARY, INC.

Principal Place of Business	Mailing Address
C/O 5301 S. CONGRESS AVENUE ATLANTIS FL 33462 US	C/O 5301 S. CONGRESS AVENUE ATLANTIS FL 33462 US

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 11/29/1995

4. FEI Number: 65-0649377 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SPRINKLE, PHILIP M II
777 SOUTH FLAGHLER DRIVE
SUITE 900 EAST TOWER
W PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	POEST, VERNON		1.2 NAME		
STREET ADDRESS	363 VILLA DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SO. ATLANTIS FL 33462		1.4 CITY-ST-ZIP		
TITLE	DT	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NOVICK, HY		2.2 NAME		
STREET ADDRESS	6983 FOUNTAINS CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33467		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DIAMOND, DORIS		3.2 NAME		
STREET ADDRESS	3450 SO. OCEAN BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		3.4. CITY-ST-ZIP		
TITLE	DS	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GEIER, FAY		4. 2 NAME		
STREET ADDRESS	4920 LUCERNE LAKES BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	OCHS, GEORGIA		5.2 NAME		
STREET ADDRESS	280-B HIGH POINT BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33435		5.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DE GRAFF, ROB		6.2 NAME		
STREET ADDRESS	489 S. COUNTRY CLUB DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIS FL 33462		6.4 CITY-ST-ZIP		

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: VERONICA GEIER SIGNATURE REQUIRED 3/23/99 561-967-2377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)