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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 736901

1. Corporation Name

VOLUNTEER AUXILIARY, INC. OF WESTSIDE REGIONAL MEDICAL CENTER

Principal Place of Business
8201 WEST BROWARD BLVD.
PLANTATION FL 33324

Mailing Address
8201 WEST BROWARD BLVD.
PLANTATION FL 33324

146682 - 90100 - 20



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
09/27/1976

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1744391

Applied For
Not Applicable

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

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

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GASSEW, ELIZABETH
8201 W BROWARD BLVD
PLANTATION FL 33324

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

Elizabeth Gasew

1/19/99

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PTD**
STREET ADDRESS **WEINER, SELIG**
CITY-ST-ZIP **1062 N.W. 86TH AVE**
PLANTATION FL 33320

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **HILDA, KATZ**
CITY-ST-ZIP **9761 SUNLARGS BLVD**
SUNRISE FL 33322

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **GRAHAM, EILEEN**
CITY-ST-ZIP **1296 S.W. 115TH AVE**
FT LAUDERDALE FL 33325

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **T**
STREET ADDRESS **HITCHCOCK, ELIZABETH**
CITY-ST-ZIP **8201 W. BROWARD BLVD**
PLANTATION FL

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **C**
STREET ADDRESS **HESS, JO**
CITY-ST-ZIP **8201 W. BROWARD BLVD.**
PLANTATION FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **BM**
STREET ADDRESS **BOGDANOFF, MICHEAL**
CITY-ST-ZIP **8201 W BROWARD BLVD**
PLANTATION FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Kehoe, Pearl
5060 S.W. 10th Street
Plantation, FL 33317

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99 (954) 476-3994

Daytime Phone #

CR2E037 (11/98)