Amended

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

07-17-2006 90142 018 ***61.25
700994

FILED
06 JUL 24 AM 9:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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MOORE CR2E037 (11/03)

DOCUMENT # 700994

1. Entity Name

NORTH BROWARD MEDICAL CENTER AUXILIARY, INC.

Principal Place of Business	Mailing Address
201 E. SAMPLE RD POMPANO BEACH FL 33064	201 E. SAMPLE RD POMPANO BEACH FL 33064

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-6139927 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AIELLO, BERTHA E. 1950 N.E. 31ST COURT LIGHTHOUSE POINT, FL 33064	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE Bertha E. Aiello 7/13/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD AIELLO, BERTHA E. 1950 N.E. 31ST COURT LIGHTHOUSE, POINT, FL 33064 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MEYER, GERTRUDE 4841 N.W. 22ND STREET COCONUT CREEK, FL 33063 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CARLSON, SUZANNE 975 HILLSBORO MILE HILLSBORO BEACH, FL 33062 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WATSON, NANCY 4000 CYPRESS GROVE EEWAY ##206 POMPANO BEACH, FL 33069 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD D'ESPIES, JOSEPHINE 1951 N.E. 39TH STREET LIGHTHOUSEPOINT, FL 33064 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KESSELMAN, ELAINE 2106 OAKRIDGE V DEERFIELD BEACH, FL 33442 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bertha E. Aiello 7/13/06
Date Daytime Phone #