


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90040 001 ****61.25

DOCUMENT # 700994	
1. Entity Name NORTH BROWARD MEDICAL CENTER AUXILIARY, INC.	

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

2. Principal Place of Business - No P.O. Box # 201 E SAMPLE ROAD	3. Mailing Address 201 E SAMPLE ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DEERFIELD BEACH, FL	City & State DEERFIELD BEACH, FL.
Zip 33064	Zip 33064
Country BROWARD	Country BROWARD

1st MOORE CR2E037 (10/07)

4. FEI Number 59-6139927	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AIELLO, BERTHA E 1950 N.E. 31ST COURT LIGHTHOUSE POINT FL 33064	7. Name and Address of New Registered Agent Name AIELLO, BERTHA E Street Address (P.O. Box Number is Not Acceptable) 1975 NE 32ND CT. Apt. 60 City LIGHTHOUSEPOINT FL. FL Zip Code 33064
---------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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* **BERTHA E. AIELLO** **JAN. 31, 2008**

Signature, typed or printed name of registered agent and his/her I approve. (NOTE: Registered Agent signature is required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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. 39ST COURT LIGHTHOUSE POINT FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1975 NE 32nd CT. #60
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD MEYER, GERTRUDE 4841 N.W. 22ND ST. COCONUT CREEK FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD CARLSON, SUZANNE 975 HILLSBORO MILE HILLSBORO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD WATSON, NANCY 4000 CYPRESS GROVE WAY, #206 POMPANO BEACH FL 33069 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD D'ESPIES, JO 1951 NE 39th ST. #156 LIGHTHOUSE POINT, FL. 33064
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD D'ESPIES, JOSEPHINE 1951 N.E. 39TH ST. LIGHTHOUSE POINT FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S KESSELMAN, ELAINE 2106 OAKRIDGE V DEERFIELD BEACH FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* **JAN. 31-2008** **954-786-2375**