AMENDED

NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 700994

1. Entity Name

NORTH BROWARD MEDICAL CENTER AUXILIARY, INC.

FILED

08 SEP 24 AM 10: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
201 E SAMPLE ROAD	201 E SAMPLE ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DEERFIELD BEACH FL.	City & State: DEERFIELD BEACH FL.
Zip: 33064 Country: BROWARD	Zip: 33064 Country: BROWARD

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 1975 NE 32nd CT #60 LIGHTHOUSE POINT, FL. 33064	Name: D'ESPIES, JOSEPHINE Street Address (P.O. Box Number is Not Acceptable): 1951 NE 39th ST #156 000136464680 09/30/08--01009--002 **61.25 City: LIGHTHOUSE POINT 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: Josephine D'Espies Josephine D'Espies 954-786-2375

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 B

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	☐ Delete	P D'ESPIES, JOSEPHINE 1951 NE 39TH ST #156 LIGHTHOUSE POINT FL. 33064	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD	☐ Delete	1V CARLSON, SUZANNE 975 HILLSBORO MILE HILLSBORO BEACH, FL. 33062	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD f	☐ Delete	2V ESTY, BARBARA 1261 NE 39th ST. POMPANO BEACH, FL. 33064	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ,4	☐ Delete	3V MAYER, GERTRUDE 4841 NW 22nd ST. COCONUT CREEK, FL. 33063	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD	☐ Delete	T KESSELMAN, ELAINE 2106 OAKRIDGE V DEERFIELD BEACH FL.33442	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	S AIELLO, BERTHA 1975 NE 32ND CT #60 LIGHTHOUSE POINT, FL 33064	☒ 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: Josephine D'Espies June 30 2008 954-786-2375

Date Daytime Phone #