NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 700994

1 Entity Name

NORTH BROWARD MEDICAL CENTER AUXILIARY, INC.

FILED

09 JUN 30 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300158302733
07/09/09--01036--001 **61.25

MOORE CR2E037 (11/03)

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

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

JOSEPHINE D'ESPIES
1951 NE 39th ST #156
LIGHTHOUSE POINT, FL. 33064

7. Name and Address of New Registered Agent

Name: D'ESPIES, JOSEPHINE

Street Address (P.O. Box Number is Not Acceptable): 1951 NE 39th ST #156

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 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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P D'ESPIES, JOSEPHINE 1951 NE 39TH ST #156 LIGHTHOUSE POINT FL. 33064 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VPD	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	1V CARLSON, SUZANNE 975 HILLSBORO MILE HILLSBORO BEACH, FL. 33062 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VPD	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	2V ESTY, BARBARA 1261 NE 39th ST. POMPANO BEACH, FL. 33064 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TD	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	3V MAYER, GERTRUDE 4841 NW 22nd ST. COCONUT CREEK, FL. 33063 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VPD	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T KESSELMAN, ELAINE 2106 OAKRIDGE V DEERFIELD BEACH FL.33442 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	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 31 2009 954-786-2375

Date Daytime Phone #