

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700994

**FILED**  
**Jan 29, 2010**  
**Secretary of State**

**Entity Name:** NORTH BROWARD MEDICAL CENTER AUXILIARY, INC.

**Current Principal Place of Business:**

201 E. SAMPLE RD  
DEERFIELD BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

201 E. SAMPLE RD  
DEERFIELD BEACH, FL 33064

**New Mailing Address:**

**FEI Number:** 59-6139927

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: D'ESPIES, JOSEPHINE  
Address: 1951 NE 39TH ST. #156  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: 1V  
Name: CARLSON, SUZANNE  
Address: 975 HILLSBORO MILE  
City-St-Zip: HILLSBORO BEACH, FL 33062

Title: 2V  
Name: ESTY, BARBARA  
Address: 1261 NE 39TH ST.  
City-St-Zip: POMPANO BEACH, FL 33064

Title: 3V  
Name: MAYER, GERTRUDE  
Address: 4841 NW 22ND ST.  
City-St-Zip: COCONUT CREEK, FL 33063

Title: T  
Name: KESSELMAN, ELAINE  
Address: 2106 OAKRIDGE V  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: S  
Name: AIELLO, BERTHA  
Address: 1975 NE 32ND CT. #60  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPHINE D'ESPIES/LYN CLARK

MS.

01/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date