

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700994

FILED
Apr 28, 2011
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: N/A, N/A
Address: N/A
City-St-Zip: N/A, N/ N/A

Title: 2V
Name: CARLSON, SUZANNE
Address: 975 HILLSBORO MILE
City-St-Zip: HILLSBORO BEACH, FL 33062

Title: 3V
Name: ESTY, BARBARA
Address: 1261 NE 39TH STREET
City-St-Zip: POMPANO BEACH, FL 33064

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

Title: S
Name: MAYER, GERTRUDE
Address: 4841 NW 22ND STREET
City-St-Zip: COCONUT CREEK, FL 33063

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

PRES

04/28/2011

Electronic Signature of Signing Officer or Director

Date