FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:16

DOCUMENT # 705164 (2)

1. Corporation Name

BROWARD GENERAL MEDICAL CENTER AUXILIARY OF FORT LAUDERDALE, FLORIDA, INC.

Principal Place of Business	Mailing Address
1600 S ANDREWS AVE FT LAUDERDALE FL 33316	1600 S ANDREWS AVE FT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1963
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-0895145 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

KONON, EVELYN R.
1600 S ANDREWS AVE.
FT LAUDERDALE, FL
FT.LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	BETTY BERRY	1.2 NAME	Edie Eshleman	
STREET ADDRESS	2100 S. OCEAN DR	1.3 STREET ADDRESS	456 N. W. 95 Ave.	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	1.4 CITY-ST-ZIP	Plantation, Fla. 33324	
TITLE	VD	2.1 TITLE	V/D Dorothy Miller	☒ Change ☐ Addition
NAME	EDIE ESHLEMAN, HELEN	2.2 NAME	1701 S. W. 14 Court	
STREET ADDRESS	456 N. W. 95 AVE	2.3 STREET ADDRESS	Ft. Lauderdale, Fla. 33312	
CITY-ST-ZIP	PLANTATION FL 33324	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	V/D Aurlrey Janson	☐ Change ☐ Addition
NAME	AUDREY JANSON	3.2 NAME	1016 Mango Isle	
STREET ADDRESS	1016 MANGO ISLE	3.3 STREET ADDRESS	Ft. Lauderdale, Fla. 33315	
CITY-ST-ZIP	FT.LAUDERDALE FL 33305	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE	V/D Geri Cook	☒ Change ☐ Addition
NAME	BETTY WILLIAMS	4.2 NAME	8001 N. W. 47 Court	
STREET ADDRESS	1930 NE 2AVE L216	4.3 STREET ADDRESS	LauderHill, Fla. 33351	
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	4.4 CITY-ST-ZIP		
TITLE	SD	5.1 TITLE	S/D Betty Williams	☒ Change ☐ Addition
NAME	EVELYN KONON	5.2 NAME	1930 N. E. 2 Ave. #L216	
STREET ADDRESS	1120 SW 31 ST	5.3 STREET ADDRESS	Ft. Lauderdale, Fla. 33305	
CITY-ST-ZIP	FT LAUDERDALE FL 33315	5.4 CITY-ST-ZIP		
TITLE	T/D	6.1 TITLE	T/D Pat Hamilton	☐ Change ☐ Addition
NAME	PAT HAMILTON	6.2 NAME	723 N. E. 18 Ave.	
STREET ADDRESS	723 NE 18 AVE	6.3 STREET ADDRESS	Ft. Lauderdale, Fla. 33304	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Evelyn Konon Evelyn Konon 1/12/95 305-355-5374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0040542