FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 02/04/1963
3a. Date of Last Report: 01/20/1995

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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: BOWEN, DOROTHY
82 Street Address (P.O. Box Number is Not Acceptable): 1600 S. ANDREWS AVENUE
83: FT. LAUDERDALE, FL.
84 City: FL 85 Zip Code: 33316

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Dorothy Bowen, Secretary — Dorothy Bowen — 1-22-96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	DOROTHY MILLER		1.2 NAME	Evelyn Flemming	
STREET ADDRESS	1701 SW 14 CT		1.3 STREET ADDRESS	527 S.E. 13th St.	
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33316	
TITLE	PD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	EDIE ESHLEMAN, HELEN		2.2 NAME	Jeanne Kretschmer	
STREET ADDRESS	456 N. W. 95 AVE		2.3 STREET ADDRESS	2771 N. E. 15th St.	
CITY-ST-ZIP	PLANTATION FL		2.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33304	
TITLE	PD	☒ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	AUDREY JANSON		3.2 NAME	Fred Sands	
STREET ADDRESS	1016 MANGO ISLE		3.3 STREET ADDRESS	2332 N. W. 14th St.	
CITY-ST-ZIP	FT.LAUDERDALE FL		3.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33301	
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	BETTY WILLIAMS		4.2 NAME	Dorothy Bowen	
STREET ADDRESS	1930 NE 2AVE L216		4.3 STREET ADDRESS	1301 River Reach Drive	
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33315	
TITLE	VD	☒ DELETE	5.1 TITLE	VD	☒ Change ☐ Addition
NAME	COOK, GERI		5.2 NAME	Geri Cook	
STREET ADDRESS	8001 NW 47 CT		5.3 STREET ADDRESS	8001 N. W. 47th Ct.	
CITY-ST-ZIP	LAUDERHILL FL		5.4 CITY-ST-ZIP	Lauderhill, Fl. 33351	
TITLE	T/D	☒ DELETE	6.1 TITLE	TD	☒ Change ☐ Addition
NAME	PAT HAMILTON		6.2 NAME	Edie Preston	
STREET ADDRESS	723 NE 18 AVE		6.3 STREET ADDRESS	2707 N. E. 14th St. Causeway	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304		6.4 CITY-ST-ZIP	Pompano Beach, Fl. 33062	

CR2E037 (12/95)

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: Dorothy Bowen — January 22, 1996 — 954-462-1672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Dorothy Bowen Secretary