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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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 33316-2510

3. Date Incorporated or Qualified: 02/04/1963
3a. Date of Last Report: 01/29/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22 / 27
City & State — 23 / 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

~~BOWEN, DOROTHY~~
~~1600 S. ANDREWS AVE~~
~~FT LAUDERDALE FL 33316~~

10. Name and Address of New Registered Agent

81 Name: EVELYN KONON
82 Street Address (P.O. Box Number is Not Acceptable)
83 ~~1120 S. W. 31 Street~~ Ft. Lauderdale, Fla.
84 City: **FL** 85 Zip Code: 33315

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: Evelyn Konon, Secretary — Evelyn Konon — 2-6-97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FLEMING, EVELYN 927 S.E. 13TH ST. FT LAUDERDALE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KRETSCHMER 2771 N.E. 15TH ST. PLANTATION FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ ~~SANDS, FRED~~ ~~3592 N.W. 13TH ST.~~ ~~FT LAUDERDALE FL~~	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition VD Dorothy Stiles 900 S. W. 12th Street #211 Ft. Lauderdale, Fla. 33315
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ ~~BOWEN, DOROTHY~~ ~~13R DOVER BEACH DRIVE~~ ~~FT LAUDERDALE FL~~	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition SD Evelyn Konon 1120 S. E. 31 Street Ft. Lauderdale, Fla. 33315
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COOK, GERI 8001 N.W. 47TH CT. LAUDERHILL FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TD~~ ~~PRESTON, EDIE~~ ~~2780 N.E. 44TH ST. CAUSEWAY~~ ~~POMPANO BEACH FL~~	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition TD Pat Hamilton 723 N. E. 18th Avenue Ft. Lauderdale, Fla. 33304

CR2E037 (9/96)

14. I do 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 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 VP & SECRETARY — February 6, 1997 — 954-355-5374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0036428