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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **705164**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/04/1963
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0895145 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KNON, EVELYN 1120 SW 31 ST FT. LAUDERDALE FL 33315	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 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 Jeanne Kretschmer Jeanne Kretschmer 1-12-99
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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SHERIDAN, MARY		1.2 NAME	
STREET ADDRESS	2000 S. OCEAN DR. #1102		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33316		1.4 CITY-ST-ZIP	
TITLE	VD	XX ☐ DELETE	2.1 TITLE	VD ☐ Change ☐ Addition
NAME	KRETSCHMER		2.2 NAME	JAN DANKER
STREET ADDRESS	2771 N.E. 15TH ST.		2.3 STREET ADDRESS	3000 N. E. 16 Avenue
CITY-ST-ZIP	PLANTATION FL		2.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33334
TITLE	VD	XX ☐ DELETE	3.1 TITLE	VD ☐ Change ☐ Addition
NAME	DANKER, JAN		3.2 NAME	GERI COOK
STREET ADDRESS	3000 N.E. 16TH AVE.		3.3 STREET ADDRESS	8001 N. W. 47 Court
CITY-ST-ZIP	FT.LAUDERDALE FL 33334		3.4 CITY-ST-ZIP	Lauderhill Fl. 33351
TITLE	SD	XX ☐ DELETE	4.1 TITLE	SD ☐ Change ☐ Addition
NAME	KONON, EVELYN		4. 2 NAME	JEANNE KRETSCHMER
STREET ADDRESS	1120 SE 31 ST		4.3 STREET ADDRESS	2771 N. E. 15 Street
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY-ST-ZIP	Plantation, Fl. 33304
TITLE	VD	XX ☐ DELETE	5.1 TITLE	VD ☐ Change ☐ Addition
NAME	CHISOM, PANCHITA		5.2 NAME	Dorothy Stiles
STREET ADDRESS	1241 N.W. 24TH AVE.		5.3 STREET ADDRESS	900 S. W. 12 St. #211
CITY-ST-ZIP	FT. LAUDERDALE FL 33311		5.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33315
TITLE	TD	☐ DELETE	6.1 TITLE	TD ☐ Change ☐ Addition
NAME	HAMILTON, PAT		6.2 NAME	Pat Hamilton
STREET ADDRESS	723 NE 18TH AVE		6.3 STREET ADDRESS	723 N. E. 18 Ave.
CITY-ST-ZIP	FT LAUDERDALE FL		6.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33304

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Evelyn Konon Jan. 12, 1999 954-355-5374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #