2000 UNIFORM BUSINESS REPORT (UBR)

2/4/(

FILED
Apr 26, 2000 8:00 am
Secretary of State
02-04-2000 90018 044 ****61.25

DOCUMENT # 705164

1. Entity Name

BROWARD GENERAL MEDICAL CENTER AUXILIARY OF FORT

Principal Place of Business	Mailing Address
1600 S ANDREWS AVE FT LAUDERDALE FL 33316	1600 S ANDREWS AVE FT LAUDERDALE FLA 33316-2510

400088

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-0895145 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KNON, EVELYN 1120 SW 31 ST FT. LAUDERDALE FL 33315	Name FLEMMING EVELYN C. Street Address (P.O. Box Number is Not Acceptable) 927 S.E. 13TH STREET FT. LAUDERDALE, FL. City **FL** Zip Code 33316

8. 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 Evelyn C. Flemming 1/25/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHERIDAN, MARY 2000 S. OCEAN DR. #1102 FT LAUDERDALE FL 33316	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PRESIDENT FLEMMING, EVELYN C. 927 S.E. 13TH STREET FT LAUDERDALE, FL 33316	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DANKER, JAN 3000 N.E. 16 AVE. FT. LAUDERDALE FL 33334	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD 1ST VP DANKER, JAN 3000 N.E 16TH AVE FT. LAUDERDALE, FL 33334	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COOK, GERI 8001 N.W. 47 COURT LAUDERHILL FL 33351	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD 2ND V.P. KOHL, CLARA 900 S.W. 12TH ST #314 FT. LAUDERDALE, FL. 33315	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KRETSCHMER, JEANNE 2771 N.E. 15 ST. PLANTATION FL 33304	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD 3RD V.P. STILES, DOROTHY 900 S.W. 12TH ST. # 211	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STILES, DOROTHY 900 S.W. 12 ST. #211 FT. LAUDERDALE FL 33315	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SECRETARY JANSON, AUDREY 1016 MANGO ISLE FT. LAUDERDALE, FL. 33315	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HAMILTON, PAT 723 NE 18TH AVE FT LAUDERDALE FL 33304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TREAS. HAMILTON, PAT 723 NE. 18TH AVE. FT. LAUDERDALE, FL 33304	☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Evelyn C. Flemming EVELYN C. FLEMMING 1/24/00 954-768-0036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #