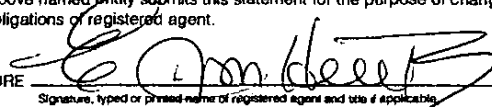
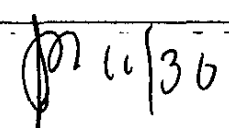
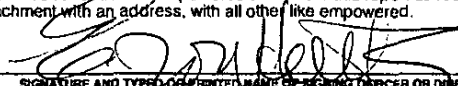


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 705164 1. Entity Name BROWARD GENERAL MEDICAL CENTER AUXILIARY OF FORT LAUDERDALE, FLORIDA, INC.					
Principal Place of Business 1600 S ANDREWS AVE FT LAUDERDALE, FL 33316			Mailing Address 1600 S ANDREWS AVE FT LAUDERDALE, FL 33316		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		11152005 REIN-NP CR2E099 (6/04)	
City & State Zip		City & State Zip		4. FEI Number 59-0895145	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent VON HOLTZ, ELFRIED 860W DAYTON CIRCLE FORT LAUDERDALE, FL 33312			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable				DATE 11-18-05	
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/O ☐ Delete Mike McGonigle 501 S. E. 2nd Street, #1033 Fort Lauderdale, Florida 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700061798787 11/30/05--01028--004 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ☐ Delete GASDICK, VINCENT 4047 NW 16TH ST. LAUDERHILL, FL 33313	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ☐ Delete JANSON, AUDREY 1016 MANGO ISLE FORT LAUDERDALE, FL 33315	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete Dorothy Bowen 1000 River Reach Drive, #120 Fort Lauderdale, Florida 33316	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ☐ Delete DANKER, JAN 3000 NE 16TH AVE., #D209 FORT LAUDERDALE, FL 33334	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GSTR ☐ Delete DOUGHTERY, PAT 3500 SW 117TH AVE. DAVIE, FL 33330	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE 11-18-05	

FILED

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AUXILIARY OF STATE
FLORIDA

