2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 705164

1. Entity Name
BROWARD GENERAL MEDICAL CENTER AUXILIARY OF FORT LAUDERDALE, FLORIDA, INC.

FILED
05 NOV 30 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1600 S ANDREWS AVE FT LAUDERDALE, FL 33316	1600 S ANDREWS AVE FT LAUDERDALE, FL 33316

11152005 REIN-NP CR2E099 (6/04)

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

VON HOLTZ, ELFRIEDE
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 **FL** Zip Code

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 _____ 11-18-05
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
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	VP Mike McGonigle 501 S. E. 2nd Street, #1033 Fort Lauderdale, Florida 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700061788787 11/30/05--01028--004 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GASDICK, VINCENT 4047 NW 16TH ST. LAUDERHILL, FL 33313	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JANSON, AUDREY 1016 MANGO ISLE FORT LAUDERDALE, FL 33315	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dorothy Bowen 1000 River Reach Drive, #120 Fort Lauderdale, Florida 33316	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 11/30
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR DANKER, JAN 3000 NE 16TH AVE., #D209 FORT LAUDERDALE, FL 33334	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GSTR DOUGHTERY, PAT 3500 SW 117TH AVE. DAVIE, FL 33330	☐ Delete	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: _____ 11-18-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #