2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State
05-04-2006 90238 024 ****61.25

DOCUMENT # 705164

1. Entity 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

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04262006 No Chg-NP CR2E037 (11/05)

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

Clara M. Kihl
900 S.W.12th St. #314
Ft. Lauderdale, Fl. 33315

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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 Clara M. Kihl 4-28-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	V Co-President
NAME	Clara Kihl
STREET ADDRESS	900 S.W.12th St. #314
CITY-ST-ZIP	FORT LAUDERDALE, FL Ft. Laud. Fl 33315
TITLE	VP 1st
NAME	GASDICK, VINCENT
STREET ADDRESS	4047 NW 16TH ST.
CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	VP Co-Pres.
NAME	ClareDimitriou
STREET ADDRESS	1200 S.W. 12th St. #204
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315
TITLE	2nd
NAME	VPBarbara Hoffman
STREET ADDRESS	10550 State Rd. 84 Lot 179
CITY-ST-ZIP	FORT LAUDERDALE, FL Davie, Fl 33324
TITLE	3rd VP
NAME	Marilyn Rich
STREET ADDRESS	1000 S.W.12th St. #103
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315
TITLE	GSTR Treasure
NAME	Madeline Williams
STREET ADDRESS	2750NW 44th St. #610
CITY-ST-ZIP	Oakland Park, Fl. 33309

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Clara M. Kihl April 28, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #