# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2007**
**Secretary of State**

DOCUMENT# 705164

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

**Current Principal Place of Business:**

1600 S ANDREWS AVE
FT LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

1600 S ANDREWS AVE
FT LAUDERDALE, FL 33316

**New Mailing Address:**

**FEI Number: 59-0895145** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VON HOLTZ, ELFRIED
860W DAYTON CIRCLE
FORT LAUDERDALE, FL 33312 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | V | ( ) Delete |
| Name: | KIHL, CLARA | |
| Address: | 900 S.W. 12 SUITE #314 | |
| City-St-Zip: | FORT LAUDERDALE, FL 33315 | |
| Title: | VP | ( ) Delete |
| Name: | GASDICK, VINCENT | |
| Address: | 4047 NW 16TH ST. | |
| City-St-Zip: | LAUDERHILL, FL 33313 | |
| Title: | VP | ( ) Delete |
| Name: | DIMITRIOU, CLARE | |
| Address: | 1200 S.W. 12 ST. #204 | |
| City-St-Zip: | FORT LAUDERDALE, FL 33315 | |
| Title: | S | ( ) Delete |
| Name: | HOFFMAN, BARBARA | |
| Address: | 0550 STATE ROAD 84 LOT 179 | |
| City-St-Zip: | DAVIE, FL 33324 | |
| Title: | V | ( ) Delete |
| Name: | RICH, MARILYN | |
| Address: | 1000 S.W. 12TH SUITE 103 | |
| City-St-Zip: | FORT LAUDERDALE, FL 33315 | |
| Title: | GSTR | ( ) Delete |
| Name: | WILLIAMS, MADELINE | |
| Address: | 2750 N.W. SUITE 610 | |
| City-St-Zip: | OAKLAND PARK, FL 33309 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIMITRIOU CLARE VP 04/30/2007

Electronic Signature of Signing Officer or Director — Date