

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90015 003 ****61.25

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 - No P.O. Box #

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**

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **DIMITRIOU, CLARE**

Street Address (P.O. Box Number is Not Acceptable)

1200 S.W. 12ST # 204

City **FORT LAUDERDALE**

FL

Zip Code **33315**

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

Nancy Reich

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
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **V** ☒ Delete
NAME **KIHL, CLARA**
STREET ADDRESS **900 S.W. 12 SUITE #314**
CITY-ST-ZIP **FORT LAUDERDALE FL 33315**

TITLE **VP** ☐ Delete
NAME **GASDICK, VINCENT**
STREET ADDRESS **4047 NW 16TH ST.**
CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **VP** ☒ Delete
NAME **DIMITRIOU, CLARE**
STREET ADDRESS **1200 S.W. 12 ST. #204**
CITY-ST-ZIP **FORT LAUDERDALE FL 33315**

TITLE **S - VP** ☐ Delete
NAME **HOFFMAN, BARBARA**
STREET ADDRESS **0550 STATE ROAD 84 LOT 179**
CITY-ST-ZIP **DAVIE FL 33324**

TITLE **V** ☐ Delete
NAME **RICH, MARILYN**
STREET ADDRESS **1000 S.W. 12TH SUITE 103**
CITY-ST-ZIP **FORT LAUDERDALE FL 33315**

TITLE **GSTR** ☒ Delete
NAME **WILLIAMS, MADELINE**
STREET ADDRESS **2750 N.W. SUITE 610**
CITY-ST-ZIP **OAKLAND PARK FL 33309**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☐ Change ☒ Addition
NAME **SEILER, JUDY**
STREET ADDRESS **2424 TORTUGAS LANE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Change ☒ Addition
NAME **DIMITRIOU, CLARE**
STREET ADDRESS **1200 S.W. 12ST #204**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33315**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition
NAME **VAUGHN, REGIS**
STREET ADDRESS **26 E 11TH AVENUE, #**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Nancy Reich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #