2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705164

FILED Feb 06, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1600 S ANDREWS AVE FT LAUDERDALE, FL 33316

Current Mailing Address: New Mailing Address:

1600 S ANDREWS AVE FT LAUDERDALE, FL 33316

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

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

PATTERSON, ROZEN PRESIDE 3001 SW 18 TH TER. #4 FORT LAUDERDALE, FL 33315 US

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: 2VP

Name: MORRIS, ZELLENE
Address: 7411 SW 14TH STREET
City-St-Zip: PLANTATION, FL 33317

Title: F

 Name:
 PATTERSON, ROZEN

 Address:
 3001 SW 18 TH TER., #4

 City-St-Zip:
 FORT LAUDERDALE, FL 33313

Title: SECR

Name: BRADY, MYKEN

Address: 505 E. DANIA BEACH BLVD. #4 E City-St-Zip: DANIA BEACH, FL 33004

Title: 1VP

Name: DANKER, JAN

Address: 3000 NE 16TH AVE., D209 City-St-Zip: FORT LAUDERDALE, FL 33334

Title: 3 VP

 Name:
 KATHY, PICKETT

 Address:
 2441 SW 15TH COURTH

 City-St-Zip:
 FORT LAUDERDALE, FL 33312

Title:

Name: VAUGHN, REGIS Address: 26 SE 11TH AVENUE

City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby 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 all other like empowered.

SIGNATURE: SUAD BEGOVIC MANA 02/06/2012