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NP

5164

NP # 5164

BROWARD GENERAL HOSPITAL AUXILIARY OF FORT LAUDERDALE, FLORIDA, INC.

REINCORPORATION

ORIGINAL NAME: WOMEN'S HOSPITAL AUXILIARY OF FORT LAUDERDALE, FLORIDA FILED IN BROWARD COUNTY CIRCUIT COURT ON NOVEMBER 1, 1952 AND REINCORPORATING UNDER THE NAME OF BROWARD GENERAL HOSPITAL AUXILIARY OF FORT LAUDERDALE, FLORIDA, INC.

FILED IN OFFICE OF SECRETARY OF STATE, STATE OF FLORIDA,

by CRB on FEB. 4, 1963

TOM ADAMS

SECRETARY OF STATE

Office of the

Secretary of State

State of Florida

Tallahassee

TOM ADAMS
SECRETARY OF STATE

February 6, 1963

Messrs. Watson, Hubert & Sousley
Post Office Box 1502
Fort Lauderdale, Florida

Attention: Honorable C. Lavon Ward

Dear Mr. Ward:

BROWARD GENERAL HOSPITAL AUXILIARY OF FORT LAUDERDALE, FLORIDA, INC., a corporation not for profit, has filed documents as indicated on 4 February 1963 (original name WOMEN'S HOSPITAL AUXILIARY OF FORT LAUDERDALE, FLORIDA filed Broward County Circuit Court Nov. 1, 1952)

X___ Check in the amount of $ 11.00
___ New Articles of Incorporation
___ Articles of Incorporation from a Circuit Court with affidavit.
X___ Articles of Reincorporation.
___ Amending Articles of Incorporation of record in this office.
___ Amending Articles of Incorporation from a Circuit Court.
___ Articles of Merger or Consolidation.
___ Certificate of Dissolution.
___ Petition for change of status to or from a corporation not for profit, and new Articles of Incorporation.
___ Resident Agent Certificate.
X___ Resident Agent form enclosed (to be completed and returned for filing) with $1.00 filing fee.
___ Corporation report due July 1 of each year.
X___ Enclosures or details of filing:

Certified copy. You will note that ARTICLE VIII has been interlineated to conform same to Section 617.013 (2)(j), Florida Statutes 1961, per our telephone conversation.

Sincerely,

TOM ADAMS
Secretary of State

By
Corporations Division

TA/

corp-5
1-10-63

WATSON, HUBERT & SOUSLEY

WELDON H. WATSON
JOSEPH A. HUBERT
HARRY J. SOUSLEY, JR.
JOSE A. GONZALEZ, JR.
JOHN A. W. CARRILLO
MICHAEL R. DAVIS
C. LAVON WARD

BROWARD NATIONAL BANK BUILDING
FORT LAUDERDALE, FLORIDA
TELEPHONE JACKSON 4-1806
POST OFFICE BOX 1806

RECEIVED
63 JAN 25 PM 3

January 22, 1963

Honorable Tom Adams
Secretary of State
State of Florida
Tallahassee, Florida

JAN 25 [illegible] 20500 ****11.00

Re: Broward General Hospital Auxiliary of Fort Lauderdale, Florida, Inc.

Dear Sir:

Enclosed herewith is the original and a copy of an application for a charter for re-incorporation of the above non-profit group. Also enclosed is the original charter which was approved October 31, 1952, by the Honorable Lamar Warren, Judge of the Circuit Court of the Fifteenth Judicial Circuit of the State of Florida.

You will note that both certificates are similar except Article I, which changes the name; Article V, which changes the names of the officers; Article VI, which changes the procedure providing for the election of officers; and Article X, which changes the amount of the real estate which the corporation may hold.

Also enclosed is our check in the amount of $11.00 for the filing fee and certified copy. It will be appreciated if you will file the original and return the certified copy to this office at your earliest convenience.

Thank you for your cooperation.

Very truly yours,

C. Lavon Ward

C. LAVON WARD
For the Firm

CLW/ms
Enclosures

[redacted] the approval of

Broward Gen. Hospital

January 23, 1963

Messrs. Watson, Hubert & Sousley
Broward National Bank Building
Fort Lauderdale, Florida

Attention: Honorable C. Lavon Ward

Dear Mr. Ward:

We regret very much having to return the proposed new Articles of Reincorporation. Your attention is directed to Section 617.013 (2) (j), and we do not find compliance to this in the charter.

Also, it will be necessary to include in the preamble of the new charter (this will eliminate having to prepare a separate certificate for the signature of the President and Secretary) a statement to the effect that the Reincorporation was duly authorized by a meeting of its members regularly called, or if its members have no voting rights, by meeting of its board of directors, managers or trustees regularly called.

Prepare an affidavit for the President's signature only to be attached to the old charter which came from the Circuit Court, and have it state in effect that such documents constitute all the articles of incorporation and amendments thereto. Be certain the President's signature is notaried. We are holding the old charter to save you postage in returning it to us again.

Upon receipt of the above information we will promptly process the Certificate of Reincorporation and acknowledge same to you.

Sincerely,

TOM ADAMS
Secretary of State

By
Althea Norman, Director
Nonprofit Corporate Division

encl-as stated

[redacted]

Watson, Hubert & Sousley

Welcon H. Watson
Joseph A. Hubert
Harry J. Sousley, Jr.
José A. Gonzalez, Jr.
John A. W. Camillo
Michael K. Davis
C. Lavon Ward

Broward National Bank Building
Fort Lauderdale, Florida
Telephone Jackson 4-1801
Post Office Box 1502

February 1, 1963

Mrs. Althea Norman, Director
Nonprofit Corporate Division
Office of the Secretary of State
Tallahassee, Florida

Dear Mrs. Norman:

In reply to your letter of January 25, 1963, and pursuant to your instructions set out in said letter, enclosed herewith is the Certificate of Reincorporation with the following additions:

1. The provision in Section 617.013, (2) (j), you will note that Article 8 states that amendments will be proposed and adopted in the same manner as the bylaws.

2. In the preamble, as an addition, a statement to the effect that the reincorporation is duly authorized by a meeting of members regularly called. (Incidentally, this meeting was held in October, 1962).

3. The President's affidavit stating that the old Charter and this new Certificate are all of the articles and amendments pertaining to said corporation.

I trust that the above information is now complete and that you will promptly process said Certificate for approval.

Very truly yours,

C. Lavon Ward

C. LAVON WARD
For the Firm

CLW/lg
Enclosures

CERTIFICATE OF REINCORPORATION OF WOMEN'S HOSPITAL AUXILIARY OF FORT LAUDERDALE, FLORIDA, a corporation not for profit organized and existing under the Laws of the State of Florida, - the original charter having been filed in the Circuit Court of Broward County, Florida on the 1st day of November, A. D., 1952, according to documents filed in this office on the 4th day of February, A. D., 1963, - reincorporating under the name of

BROWARD GENERAL HOSPITAL AUXILIARY OF FORT LAUDERDALE, FLORIDA, INC.

filed with and approved by the Secretary of State on the 4th day of February, A. D., 1963 as shown by the records of this office.

6th

63.

have the approval [redacted] rs of

APPLICATION FOR CHARTER FOR
CORPORATION NOT FOR PROFIT,
TO BE KNOWN AS

BROWARD GENERAL HOSPITAL AUXILIARY
OF FORT LAUDERDALE, FLORIDA, INC.

RECEIVED
FILED
FEB 4 3 31 PM '63
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED

TO: HONORABLE TOM ADAMS
Secretary of State
Tallahassee, Florida

We, the undersigned, at a meeting of our members duly authorized, having heretofore associated ourselves together for the purpose of becoming incorporated under the laws of the State of Florida as a "corporation not for profit", under the name of "BROWARD GENERAL HOSPITAL AUXILIARY OF FORT LAUDERDALE, FLORIDA, INC.", do hereby apply to the Secretary of State for the issuance of a Charter as follows:

I.

The name of this corporation shall be "BROWARD GENERAL HOSPITAL AUXILIARY OF FORT LAUDERDALE, FLORIDA, INC.", and its principal place of business shall be in Fort Lauderdale, Broward County, Florida.

II.

The general nature of the object for which this corporation is formed is to give corporate existence to its members, and render any assistance in that form to any hospital situated in Broward County, Florida. The purpose may be carried out through general contact with the public and by raising funds by any means to be used in aiding the said hospitals which have the approval of the officers of this corporation. Incidental to and in connection with the principal object of the corporation, it is authorized to receive and accept donations; it is authorized to take

title to and hold real and personal property and to lease, rent, sell or mortgage the same in carrying into effect the principal object of the corporation.

III.

The membership of this corporation shall consist of all members in good standing according to its by-laws, that is, any woman interested in the objects of the corporation whose application for membership shall have been approved by a majority vote of the executive committee with dues paid.

IV.

This corporation shall have perpetual existence unless dissolved by operation of law or in accordance with its by-laws.

V.

The names and residences of the subscribers to these Articles of Incorporation are as follows:

MARGARET D. KERSTA	2732 N. E. 18th Street Fort Lauderdale, Florida
BETTY SCHADEL	415 S. E. 17th Avenue Fort Lauderdale, Florida
AIDA LESLEY McFALL	2310 N. E. 12th Court Fort Lauderdale, Florida
GLADYS I. VAN GEMERT	1625 N. E. 16th Avenue Fort Lauderdale, Florida
IRENE HOLMES	506 S. W. 16th Court Fort Lauderdale, Florida
GENE RIDINGS	Coral Ridge Towers Fort Lauderdale, Florida
ELEANOR SMITH	701 N. E. 16th Avenue Fort Lauderdale, Florida

VI.

The affairs of this corporation are to be managed by the following officers:

President:	Margaret D. Kersta
First vice-president	Betty Schadel
Second vice-president	Aida Lesley McFall
Third vice-president	Gladys I. Van Gemert
Recording Secretary	Irene Holmes
Corresponding Secretary	Gene Ridings
Treasurer	Eleanor Smith

and the time that they shall be elected or appointed and the term of office for which they shall serve are as follows:

Election of officers shall be held at any annual date as prescribed in the by-laws.

All officers shall be elected to a term ofone year, all of whom shall continue in office until their successors are duly elected and qualified.

VII.

The names of the officers who are to manage all the affairs of this corporation until the first election under this charter are as follows:

Margaret D. Kersta	President
Betty Schadel	First Vice-President
Aida Lesley McFall	Second Vice-President
Gladys I. Van Gemert	Third Vice-President
Irene Holmes	Recording Secretary
Gene Ridings	Corresponding Secretary
Eleanor Smith	Treasurer

VIII.

The by-laws of this corporation are to be made, adopted, amended or repealed at any regular business meeting of the membership of this corporation by two-thirds vote of the members present in good standing, provided however, when the by-laws are to be amended or repealed, a copy thereof shall be submitted in writing at the previous regular business meeting held prior to the adoption of the amendment or repeal. Amendments will be proposed and adopted in the same manner.

IX.

The highest amount of indebtedness or liability to which this corporation may at any time subject itself shall never be greater than two-thirds of the value of the property of the corporation.

X.

The amount in value of the real estate which this corporation may hold, subject always to the approval of a majority of the members of this corporation shall be $75,000.00.

IN WITNESS WHEREOF, these Articles of Incorporation have been executed by the subscribers hereof on this the 21st day of January, 1963.

Margaret DiKeratis

Betty M. Schadel

Ada Lucile McFall

Craig L. VanGemert

Irene Holmes

Lena Ridings

Eleanor Jarrett

STATE OF FLORIDA)
) ss.
COUNTY OF BROWARD)

Be it known that personally appeared before the undersigned authority, Margaret D. Kereta, Betty Schadel, Aida Lesley McFall, Gladys I. Van Gemert, Irene Holmes, Gene Ridings, and Eleanor Smith, each of whom being duly sworn, depose and say that they executed the foregoing instrument as their account and deed for the uses and purposes therein stated and that it is intended in good faith to carry out the purposes and objects set forth in the foregoing Articles of Incorporation.

Margaret D. Kereta
Betty H. Schadel
Aida Lesley McFall
Gladys I. VanGemert
Irene Holmes
Gene Ridings
Eleanor Smith

Sworn to and subscribed before me at Fort Lauderdale, Florida, this 21st day of January, 1963.

Notary Public
My Commission Expires:

Notary Public, State of Florida at Large
My Commission Expires May 30, 1965

STATE OF FLORIDA)
) ss:
COUNTY OF BROWARD)

RECEIVED, FEB 4 3 32 PM '63, SECRETARY OF STATE, TALLAHASSEE, FLORIDA

APPROVED AND FILED

AFFIDAVIT

Before me, the undersigned authority, personally appeared MARGARET D. KERSTA, who being first duly sworn according to law, deposes and says:

That she is the President of BROWARD GENERAL HOSPITAL AUXILIARY OF FORT LAUDERDALE, FLORIDA, INC., a Florida corporation not for profit.

Affiant further says that the Charter already filed in the office of the Secretary of State and the Articles of Reincorporation enclosed with this Affidavit constitute all the Articles of Incorporation.

Affiant further says that there have been no amendments to said original Charter.

Margaret D. Kersta
MARGARET D. KERSTA
Affiant

SUBSCRIBED AND SWORN TO before me this 31st day of January, A. D. 1963.

Ruth L. Stevens
Notary Public

My Commission Expires:

(SEAL)

Notary Public, State of Florida at Large
My Commission Expires June 29, 1966
Bonded by American Surety Co. of N. Y.

48123

FILED
82 DEC 3 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION OF

WOMEN'S HOSPITAL AUXILIARY OF FORT LAUDERDALE, FLORIDA

A Non-Profit Corporation Under The Laws of Florida

These Articles of Incorporation are entered into this 29th day of October, A. D. 1982, by and between Mrs. Tracy V. Buckwalter, Mrs. Harold Wayne, Mrs. Frank Gladden, Mrs. Richard Mills, Mrs. Claire Spock, Mrs. A. N. Steinberg, Mrs. Robert L. Clark, and their associates, and they do hereby associate themselves together as a body corporation, not for profit, pursuant to Chapter 617, Florida Statutes Annotated, and all amendments thereto in such cases made and provided, and to adopt as their proposed charter the following, to-wit:

1.

The name of this corporation shall be "Women's Hospital Auxiliary of Fort Lauderdale, Florida," and its principal place of business shall be in Fort Lauderdale, Broward County, Florida.

II.

The general nature of the object for which this corporation is formed is to give corporate existence to its members, and render any assistance in that form to any hospital situated in Broward County, Florida. The purpose may be carried out through general contact with the public and by raising funds by any means to be used in aiding the said hospitals which have the approval of the officers of this corporation. Incidental to and in connection with the principal object of the corporation, it is authorized to receive and accept donations; it is authorized to take title to and hold real and personal property and to lease, rent, sell or mortgage the same in carrying into effect the principal object of the corporation.

III.

The membership of this corporation shall consist of all members in good standing according to its by-laws, that is, any woman interested in the objects of the corporation whose application for membership shall have been approved by a majority vote of the executive committee with dues paid.

IV.

This corporation shall have perpetual existence unless dissolved by operation of law or in accordance with its by-laws.

V.

The names and residences of the subscribers to these Articles of Incorporation are as follows:

Mrs. Tracy V. Buckwalter	Fort Lauderdale, Florida
Mrs. Harold Wayne	Fort Lauderdale, Florida
Mrs. Frank Sladden	Fort Lauderdale, Florida
Mrs. Richard Mills	Fort Lauderdale, Florida
Mrs. Claire Speck	Fort Lauderdale, Florida
Mrs. A. N. Steinberg	Fort Lauderdale, Florida
Mrs. Robert L. Clark	Fort Lauderdale, Florida

VI.

The affairs of this corporation are to be managed by the following officers:

[redacted]

President: Mrs. Tracy V. Buckwalter

Vice-President: Mrs. Harold Wayne

2nd Vice-President: Mrs. Frank Sladden

3rd Vice-President: Mrs. Richard Mills

Secretary: Mrs. Claire Speck

Corresponding Secretary: Mrs. Robert L. Clark

Treasurer: Mrs. A. N. Steinborg

and the time that they shall be elected or appointed and the term of office for which they shall serve are as follows:

Election of officers shall be held on the third Monday of April of each and every year hereafter. The first election to be held on the third Monday of April, 1953.

All officers shall be elected to a term of one year, all of whom shall continue in office until their successors are duly elected and qualified.

VII.

The names of the officers who are to manage all the affairs of this corporation until the first election under this charter are as follows:

Mrs. Tracy V. Buckwalter, President

Mrs. Harold Wayne, Vice-President

Mrs. Frank Sladden, 2nd Vice-President

Mrs. Richard Mills, 3rd Vice-President

Mrs. Claire Speck, Secretary

Mrs. A. N. Steinborg, Treasurer

Mrs. Robert L. Clark, Corresponding Secretary

VIII.

The by-laws of this corporation are to be made, adopted, amended or repealed at any regular business meeting of the membership of this corporation by two-thirds vote of the members present in good standing, provided however when the by-laws are to be amended or repealed, a copy thereof shall be submitted in writing at the previous regular business meeting held prior to the adoption of the amendment or repeal.

[redacted]

IX.

The highest amount of indebtedness or liability to which this corporation may at any time subject itself shall never be greater than two-thirds of the value of the property of the corporation.

X.

The amount in value of the real estate which this corporation may hold, subject always to the approval of the Circuit Judge of the Circuit Court of the Fifteenth Judicial Circuit of the State of Florida, shall be $10,000.00.

IN WITNESS WHEREOF, these Articles of Incorporation have been executed by the subscribers hereof on this the 29th day of October, 1952.

Mrs. Joseph C. Bushnell
Mrs. Harold Wayne
Mrs. Frank Sheldon
Mrs. Richard Mills
Mrs. Claire N. Sweet
Mrs. A. H. Steinbaugh
Mrs. Robert L. Clark

STATE OF FLORIDA)
) ss.
COUNTY OF BROWARD)

Be it known that personally appeared before the undersigned authority, Mrs. Tracy V. Buckwalter, Mrs. Harold Wayne, Mrs. Frank Sladden, Mrs. Richard Mills, Mrs. Claire Speck, Mrs. A. N. Steinborg, and Mrs. Robert L. Clark, each of whom being duly sworn, depose and say that they executed the foregoing instrument as their account and deed for the uses and purposes therein stated and that it is intended in good faith to carry out the purposes and objects set forth in the foregoing Articles of Incorporation.

Mrs. Tracy V. Buckwalter
Mrs. Harold Wayne
Mrs. Frank Sladden
Mrs. Richard Mills
Mrs. Claire H. Speck
Mrs. A. N. Steinborg
Mrs. Robert L. Clark

Sworn to and subscribed before me at Fort Lauderdale, Florida, this 27th day of October, 1952.

Bernice B. Carrier
Notary Public

My Commission Expires:

Notary Public, State of Florida at Large
My commission expires August 16, 1955
Bonded by American Surety Co. of N. Y.

COMP 17 Page 482

ORDER APPROVING CHARTER OF

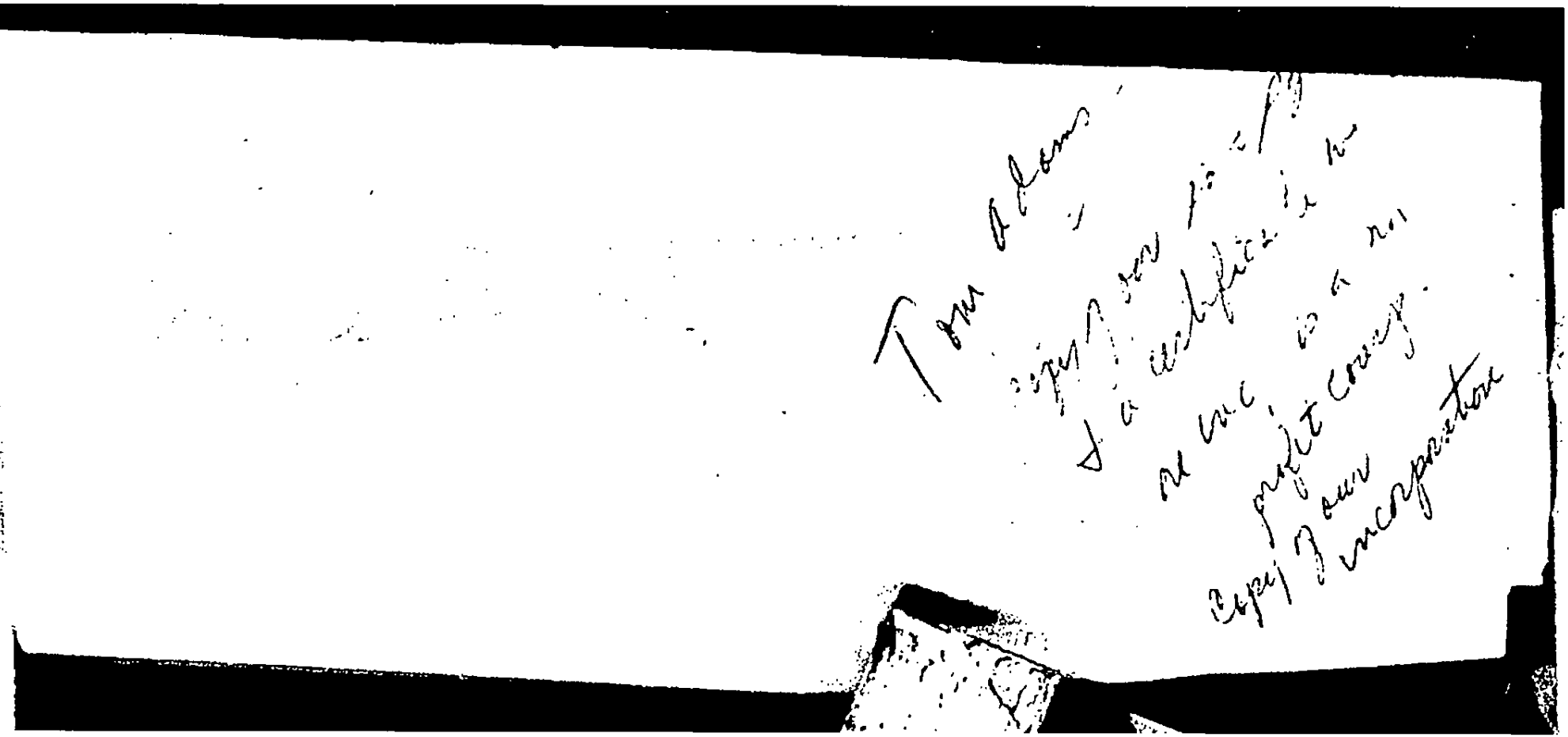
WOMEN'S HOSPITAL AUXILIARY OF FORT LAUDERDALE, FLORIDA

The foregoing Articles of Incorporation of the Women's Hospital Auxiliary of Fort Lauderdale, Florida, having been presented to this court in proper form and for an object authorized by such charter or Articles of Incorporation, and it appearing that the same is in compliance with Chapter 617, Laws of Florida, the same is hereby approved and this is to endorse such approval by this court thereon, and this court does certify that the Articles of Incorporation of Women's Hospital Auxiliary of Fort Lauderdale, Florida, a non-profit corporation, be, and the same is hereby made a corporation, existing under and by virtue of the laws of the State of Florida.

DONE and ORDERED at Ft. Lauderdale, Florida, this 31st day of October, A. D. 1952.

Samuel W. Walton
Judge of the Circuit Court of
the Fifteenth Judicial Circuit
of the State of Florida.

STATE OF FLORIDA, COUNTY OF BROWARD
This instrument filed for record 1st day
of Nov 1952 and recorded in book 17
of Misc on page 477 RECORD VERIFIED.
TED DIBBLE, Clerk of the Circuit Court
By [illegible] D. C.



NP-5164-B

1963

REPORT OF

CORPORATION NOT FOR PROFIT

Broward General Hospital
(name)
Auxiliary of Fort
Lauderdale, Florida, Inc.

P. O. ADDRESS

Filed in the office of the Secretary of State of the State of Florida, this

day of

A. D. 19

TOM ADAMS, Secretary of State

BROWARD GENERAL HOSPITAL AUXILIARY
OF FORT LAUDERDALE, FLORIDA, INC.

HOSPITALITY SHOP
1600 S. ANDREWS AVE.

July 12, 1963

Hon. Tom Adams
Secretary of State
Tallahassee, Florida

Dear Sir:

Enclosed is the CORPORAT ON NOT FOR PROFIT REPORT. This report was sent to the President during her absence from the city and thus did not get into your hands before July 1st.

We regret that we did not know of this form earlier to avoid this delay.

Sincerely,

Margaret D. Kersta

Mrs. N. E. Kersta
(President)

mk

Form NPCR

CORPORATION NOT FOR PROFIT
REPORT TO THE SECRETARY OF STATE OF FLORIDA

"Provided, that railroad, pullman, telephone, telegraph, insurance, banking and trust companies, building and loan associations, cooperative associations, CORPORATIONS NOT FOR PROFIT and corporations paying the maximum capital stock tax, shall be required to furnish the information (listed below) required under (a) through (f) of subsection (1) hereof only. (2) All reports herein required shall be for the calendar year and shall be done to be filed on JULY 1 of EACH YEAR...." Section 608.52, Florida Statutes, 1963.

Hon. Tom Adams, Secretary of State
Tallahassee, Florida

In accordance with the law above referred to, we submit below information called for:

(1) That Broward General Hospital Auxiliary of Ft. Lauderdale, Fla. Inc. Florida
Name of Corporation

duly organized and existing under Chapter 617, Florida Statutes, 1959 as a corporation not for profit with its home office at Ft. Lauderdale, Florida
City State

Broward, has designated Broward General Hospital, S Andrews Ave & 16th St.
County Street or Building

City of Ft. Lauderdale, County of Broward, State of Florida, as its place of business or domicile for the service of process within the State, and has named as its agent,

Watson, Hubert & Housley

whose address is P. O. Box 1602, Ft. Lauderdale, Florida

(2) NAMES AND ADDRESSES OF OFFICERS (be sure to affix titles):

Name	P. O. Address
Mrs. H. E. Kersta (Margaret D.) Pres.	2732 N. E. 18th Street, Ft. Lauderdale, Fla.
Mrs. Lees M. Sobadel, Jr. (Betty) 1st V.P.	416 S. E. 17th Ave., Ft. Lauderdale, Fla.
Mrs. John W. Duncan (Mary) 2nd V. P.	2649 N. E. 26th Terrace, Ft. Lauderdale, Fla.
Mrs. S. A. Holmes (Irene) Sec.	506 S. W. 16th Court, Ft. Lauderdale, Fla.

(3) NAMES AND ADDRESSES OF DIRECTORS:

Name	P. O. Address
Mrs. Wm. Van Gemert (Gladys) 3rd V. P.	1625 N. E. 16th Ave, Ft. Laudedale, Fla.
Mrs. Herbert F. Smith (Eleanor) Treas.	7015 N. E. 16th Ave. Ft. Lauderdale, Fla.
Mrs. John Ridings (Gene) Cor. Sec.	3233 N. E. 34th St., Ft. Lauderdale, Fla.

(4) GENERAL PURPOSE CORPORATION NOT FOR PROFIT ORGANIZED IS: "Render service to Broward General Hospital and its patients"

(5) Date of last meeting of Board of Directors July 1, 1963

Has the Corporation been actively engaged in conducting its affairs during the previous twelve months? Yes

If inactive, state how long its charter powers have been dormant

(6) We, the undersigned, certify the above state of facts to be true and correct as shown by our records.

Margaret D. Kersta (Pres.)
President or Vice-President

ATTEST: [signature]
Secretary

STATE OF FLORIDA
COUNTY OF Broward

Personally appeared before me Margaret D. Kersta & Irene Holmes who deposes and says that he executed this certificate for and in behalf of said corporation, and that the statement therein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 12th day of July, 1963

SEAL.

[signature]
Signature of Officer Taking Acknowledgment.

Notary Public, State of Florida at Large
My Commission Expires May 30, 1965

NP 5164 - C

1964

(Year)

REPORT OF

DOMESTIC CORPORATION NOT FOR PROFIT

Name

BROWARD GENERAL HOSPITAL AUXILIARY OF FORT LAUDERDALE, FLORIDA, INC.

Filed: AUGUST 24, 1964

(Date)

TOM ADAMS, Secretary of State

By AH

RECEIVED

AUG 24 3 13 PM '64

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

POSTMASTER
Check Reason for Non-Delivery
( ) Moved, left no address
( ) Out of business
( ) No such address
( ) Unknown
( ) Closed for season
( ) Refused

RETURN REQUESTED

Corporation Report 4342
for Foreign and Domestic Corporations

(Not For Profit and Exempt (Section 608.32(2), Florida Statutes)

State of Florida
TOM ADAMS
SECRETARY OF STATE
Tallahassee, Florida

FT. LAUDERDALE FLA. 1964

SHORT RATE U. S. POSTAGE PAID Tallahassee, Fla. Permit No. 88

Refer to This Number in All Correspondence
16-03-NP-05164

This return is due on July 1 1964
DUE 30 DAYS AFTER RECEIVED

BROWARD GENERAL HOSPITAL AUXILIARY OF
FORT LAUDERDALE FLORIDA INC
~~WATSON HUBER & SOUSLEY~~
~~P O BOX 1502~~
FT LAUDERDALE FLA

~~Margaret Howey~~
~~2732 N E 18th Terr~~

Inc.

1. Broward General Hospital Auxiliary of Ft. Lauderdale, (General nature of business or activity) Volunteer Service
(Give exact name of corporation)

3. 1600 S. Andrews Ave. (Street or Post Office Box of principal place of business) Ft. Lauderdale (City) Broward (County) Florida (State)

4. a. Mrs. Wm. Van Gemert (Officers' Names) President (Titles) 1625 N.E. 16th Ave. (Addresses)
b. Mrs. Virgil Drais — 1st Vice President — 44 Hendricks Isle
c. Mrs. R. M. Wright — 2nd " " — 1601 S.E. 9th St.
d. Mrs. Herold Wayne — 3rd " " — 420 N.E. 11th Ave.
e. Mrs. J. EdWin Cottier — Recording Secretary — 2280 N.E. 52nd St.
f. Mrs. Thomas I. Lloyd — Corresponding " — 6240 S.W. 3rd St.
g. Mrs. Warren A. Craven — Treasurer — 3025 Seville

5. a. Mrs. Wm. Van Gemert (Directors - Name) (Law requires at least (3) three) — 1625 N.E. 16th Ave. (Address)
b. Mrs. Virgil Drais — 44 Hendricks Isle
c. Mrs. R. M Wright — 1601 S.E. 9th St.
d. Mrs. Harold Wayne — 420 N.E. 11th Ave.
e. Mrs. Mary Duncan — 2549 N.E. 26th Terr.
f. Mrs. Warren Craven — 3025 Seville
g. Mrs. Edwin Cottier — 2280 N.E. 52nd St.
h.

6. Watson Huber & Sousley (Resident Agent Name) — P.O. Box 1502 (Address)
I hereby acknowledge acceptance of the appointment as resident agent upon whom service of process may be made _____ (Signature of resident agent)

7. Last meeting of Directors July 6 64 (Month - Day - Year) 8. Corporation Active? yes (Yes or No) 9. If inactive, inactivity began _____ (Month - Day - Year)

10. If inactive, will corporation begin business in the future? _____ (Yes or No) 11. Date Incorporated Nov. 1952 Reinc. Feb 4-1963 (Month - Day - Year) 12. If foreign corporation, Date Qualified in Fla. _____ (Month - Day - Year)

13. If foreign corporation, give the number of States in which you do business. _____

14. We, the undersigned, certify the above statement of facts to be true and correct as shown by our books.

Mrs. Ruth Drais
By President or V-President

Mrs. (E.) Kathleen Cottier
Secretary

STATE OF FLORIDA
COUNTY OF BROWARD

Personally appeared before me Ruth Drais, Vice-President Kathleen Cottier, Secretary and who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 10 day of August 19 64

(Notary Seal) NOTARY PUBLIC STATE of FLORIDA at LARGE MY COMMISSION EXPIRES AUG. 6, 1968

Signature of notary taking acknowledgment

Send Original to TOM ADAMS, SECRETARY OF STATE, TALLAHASSEE, FLORIDA. ORIGINAL

(SEE INSTRUCTIONS ON BACK OF LAST COPY)

POSTMASTER
Check Reason for Non-Delivery
( ) Moved, left no address
( ) Out of business
( ) No such address
( ) Unclaimed
( ) Closed for season
( ) Refused

RETURN REQUESTED

Corporation Report for Foreign and Domestic Corporations

4342

(Not For Profit and Exempt (Section 608.3212), Florida Statutes)

State of Florida
TOM ADAMS
SECRETARY OF STATE
Tallahassee, Florida

FORT LAUDERDALE FLA. JUL 27 1965 PM

BULK RATE
U. S. POSTAGE
PAID
Tallahassee, Fla.
Permit No. 88

RECEIVED
JUL 27 12 26 PM '65
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Refer to This Number In All Correspondence
16-03-NP-705164

BROWARD GENERAL HOSPITAL AUXILIARY OF FORT LAUDERDALE FLORIDA INC.
~~MAIL COPY TO~~
~~P O BOX 1302~~
FT LAUDERDALE FLA
33316

~~S. Andrews Ave~~ 16th St

~~Tallahassee, Florida~~

INSERT ZIP CODE IF NOT SHOWN

AC

	(General nature of business or activity)
1. Broward General Hospital Auxiliary (Give exact name of corporation)	2. volunteer service

3. 1600 South Andrews Ave. Fort Lauderdale Broward Florida
(Street or Post Office Box of principal place of business) (City) (County) (State)

4. a. Mrs John W. Duncan President 2549 N.E. 26th Terrace city
(Office Name) (Title) (Address)

b. Mrs Virgil Drais Vice President 44 Hendricks Isle "
c. Mrs R. M. Wright Second Vice President 2758 N.E. 15th St "
d. Mrs John Fullen Third " " 2100 South Ocean Drive "
e. Mrs Hoking Prescher Recording Secretary 1642 S.E. 12th Court "
f. Mrs Thomas Lloyd Corresponding " 6240 S.W. 3rd St "
g. Mrs George Shipley Treasurer 401 Carolina Ave. "

5. a. as listed above
(Directors - Name) (Law requires at least (3) three) (Address)
b.
c.
d.
e.
f.

6. _____ _____
(Resident Agent Name) (Address)

I hereby acknowledge acceptance of the appointment as resident agent upon whom service of process may be made _____
(Signature of resident agent)

Insurance companies are not to complete item 6 pursuant to Section 624.0221, Florida Statutes.

7. Last meeting of Directors 6 7 1965 (Month - Day - Year) 8. Corporation Active? yes (Yes or No) 9. If inactive inactivity began _____ (Month - Day - Year)

10. If inactive, will corporation begin business in the future? _____ (Yes or No) 11. Date Incorporated 11 1 1952 (Month - Day - Year) 12. If foreign corporation, Date Qualified in Fla. _____ (Month - Day - Year)

13. If foreign corporation, give the number of States in which you do business: _____

14. We, the undersigned, certify the above statement of facts to be true and correct as shown by our books.

Mary O. Duncan
By President

Attest Phyllis H Prescher
Secretary

STATE OF Florida
COUNTY OF Broward

Personally appeared before me Mary O. Duncan and Phyllis H. Prescher who (deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 6 day of July 1965.

(Notary Seal)

Notary Public

NOTARY PUBLIC STATE of FLORIDA at LARGE
MY COMMISSION EXPIRES OCT. 13, 1968

Send Original to: TOM ADAMS, SECRETARY OF STATE, TALLAHASSEE, FLORIDA

(SEE INSTRUCTIONS ON BACK OF LAST COPY)

ORIGINAL

NP-51164

POSTMASTER
Check Reason for Non-Delivery
( ) Moved, left no address
( ) Out of business
( ) No such (Co.)
( ) Unknown
( ) Closed for repairs
( ) Refused

RETURN REQUESTED

Corporation Report for Foreign and Domestic Corporations

(Not For Profit and Exempt (Section 623.32(2), Florida Statutes)

State of Florida
TOM ADAMS
SECRETARY OF STATE
Tallahassee, Florida

BULK RATE
U. S. POSTAGE
PAID
Tallahassee, Fla.
Permit No. 88

Refer to This Number in All Correspondence

16-03-NP-705164

1966 JUN 16 AM 11:2
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
1966

BROWARD GENERAL HOSPITAL AUX ETAL
8 ANDREWS AVE 16TH ST
FT LAUDERDALE FLA 33316

1. Broward General Hospital Auxiliary of Fort Lauderdale, Fla. Inc. (Give exact name of corporation)			2. Volunteer Health Org. (General nature of business or activity)
3. 1600 South Andrews Ave. (Street or Post Office Box of principal place of business)	Ft. Lauderdale (City)	Broward (County)	Florida (State)
4.a. Mrs. H. C. Davis (Officers-Name)	President (Title)	44 Hendricks Isle (Address)	
b. Mrs. Harry Prescher	1st Vice Pres.	1642 S.E. 12th Ct.	
c. Mrs. George Ekback	2nd " "	44 Hendricks Isle	
d. Mrs. John Mullen	3rd " "	2100 S. Ocean Drive	
e. Mrs. George Shipley	Treasurer	401 Carolina Ave.	
f. Mrs. Frederick Youngblood	Recording Secy	7 Isla Bahia	
g.			
5.a. All of the above elected officers (Directors - Name) (Law requires at least (3) three)		(Address)	
b. Mrs. John Duncan		2549 N.E. 26th Terr.	
c. Mrs. Louis Taubel		1260 S.W. 14th Ave.	
d. Mrs. Joseph Bullock		1625 Middle River Drive	
e.			
f.			
6. (Resident Agent Name)		(Address)	

Insurance companies are not to complete item 6 pursuant to Section 624.0221, Florida Statutes.

7. Last meeting of Directors June 6-66 (Month - Day - Year) 8. Corporation Active? Yes (Yes or No) 9. If inactive, inactivity began (Month - Day - Year)

10. If inactive, will corporation begin business in the future? (Yes or No) 11. Date Incorporated 10-1952 (Month - Day - Year) 12. If foreign corporation, Date Qualified in Fla. (Month - Day - Year)

13. If foreign corporation, give the number of States in which you do business.

14. We, the undersigned, certify the above statement of facts to be true and correct as shown by our books.

Ruth Deane
By President or Vice-President

Attest: Secretary

STATE OF Florida
COUNTY OF Broward

Personally appeared before me Mrs. Edward Youngblood who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 14 day of June 1966.

(Notary Seal)

Virginia Blanchard
Signature of Notary taking acknowledgment

NOTARY PUBLIC, STATE of FLORIDA at LARGE
MY COMMISSION EXPIRES FEB. 26, 1968.
BONDED THROUGH FRED W. DIELMAN, INC.

TO: TOM ADAMS, SECRETARY OF STATE, TALLAHASSEE, FLORIDA.
(SEE INSTRUCTIONS ON BACK OF LAST COPY)

REVISED

NP-5164

POSTMASTER
Check Boxes for Non-Delivery
( ) Moved, left no address
( ) Out of business
( ) No such address
( ) Unknown
( ) Closed for winter
( ) Refused

RETURN REQUESTED

Corporation Report for Foreign and Domestic Corporations

(Not For Profit and Exempt (Section 608.32(2), Florida Statutes)

State of Florida
TOM ADAMS
SECRETARY OF STATE
Tallahassee, Florida

BULK RATE
U. S. POSTAGE
PAID
Tallahassee, Fla.
Permit No. 88

1966 JUN 16 AM 11:2[illegible]
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
1966

Refer to This Number in All Correspondence
16-03-NP-705164

BROWARD GENERAL HOSPITAL AUX ETAL
S ANDREWS AVE 16TH ST
FT LAUDERDALE FLA 33316

1. Broward General Hospital Auxiliary of Fort Lauderdale, Fla Inc. (Give exact name of corporation)			2. Volunteer Health Org. (General nature of business or activity)
3. 1600 South Andrews Ave. (Street or P.O. Box of principal place of business)	Ft. Lauderdale (City)	Broward (County)	Florida (State)
4. a. Mrs. [illegible] (Officers-Name)	President (Title)	44 Hendricks Isle (Address)	
b. Mrs. Harry Pre[illegible]cher	1st Vice Pres.	1642 S.E. 12th Ct.	
c. Mrs. George Erback	2nd " "	44 Hendricks Isle	
d. Mrs. John Mullen	3rd " "	2700 S. Ocean Drive	
e. Mrs. George Tipley	Treasurer	401 Carolina Ave.	
f. Mrs. Frederick Youngblood	Recording Secy	7 Isla Bahia	
g.			
5. a. All of the above elected officers (Directors - Name) (Law requires at least (3) three)		(Address)	
b. Mrs. John Duncan		2549 N.E. 26th Terr.	
c. Mrs. Louis Taubel		1260 S.W. 14th Ave.	
d. Mrs. Joseph Bullock		7625 Middle River Drive	
e.			
f.			
6. (Resident Agent Name)		(Address)	

Insurance companies are not to complete item 6 pursuant to Section 624.0221, Florida Statutes.

7. Last meeting of Directors June 6-66 (Month - Day - Year)
8. Corporation Active? Yes (Yes or No)
9. If inactive, inactivity began (Month - Day - Year)
10. If inactive, will corporation begin business in the future? (Yes or No)
11. Date Incorporated 10-1952 (Month - Day - Year)
12. If foreign corporation, Date Qualified in Fla. (Month - Day - Year)
13. If foreign corporation, give the number of States in which you do business.
14. We, the undersigned, certify the above statement of facts to be true and correct as shown by our books.

Ruth Drane
By President ~~or Vice-President~~

Attest: [illegible] Secretary

STATE OF Florida
COUNTY OF Broward

Personally appeared before me [illegible] who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 14 day of June, 1966.

(Notary Seal)

Virginia B. Hawkins
Signature of Notary taking acknowledgment

NOTARY PUBLIC STATE of FLORIDA at LARGE
MY COMMISSION EXPIRES FEB. 20, 1968
BONDED THROUGH FALK W. BIGGERSTAFF

Send Original to: TOM ADAMS, SECRETARY OF STATE, TALLAHASSEE, FLORIDA.
(SEE INSTRUCTIONS ON BACK OF LAST COPY)

NP-5164

Corporation Report
for Foreign and Domestic Corporations

(Not For Profit and Exempt (Section 608.32(2), Florida Statutes)

State of Florida
TOM ADAMS
SECRETARY OF STATE
Tallahassee, Florida

Refer to This Number in All Correspondence

FILED
JUN 12 1967
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BROWARD GENERAL HOSPITAL AUX ETAL 16-03-NP-705164 1967
S ANDREWS AVE 16TH ST
FT LAUDERDALE FLA 33316

1. BROWARD GENERAL HOSPITAL AUXILIARY (Give exact name of corporation)

(General nature of business or activity) 2. Vol. Service Organ.

3. S. Andrews Ave. at 16th St. (Street or Post Office Box of Principal place of business) Ft. Lauderdale (City) Florida (Broward)

	(Officers Name)	(Title)	(Address)	
4. a.	Mrs. Virgil Drais	President	44 Hendricks Isle - Ft. Lauder.	
b.	Mrs. Harry Prescher	1st VP	1642 SE 12th Ct.	"
c.	Mrs. Geo. Erbach	2nd VP	44 Hendricks Isle	"
d.	Mrs. Geo. Shipley	3rd VP	401 Carolina	"
e.	Mrs. Foster Grose	Treas.	2100 S. Ocean Dr.	"
f.	Mrs. Fred Youngblood	Rec. Secy.	7 Isla Bahia	"
g.	Mrs. Roy Jones	Cor. "	614 NE 6th Ave.	"

5. a. Elective Officers above, plus (Directors - Name) (Law requires at least (3) three) (Address)
b. Mrs. Harold Wayne Parliamentarian 420 NE 11th Ave. "
c. and all Chairman of Services - - approx. 30 presently
d.
e.
f.

6. ~~XXXXX~~ President - Mrs. Virgil Drais 44 Hendricks Isle, Ft. Lauderdale (Resident Agent Name) (Address)

Insurance companies are not to complete item 6 pursuant to Section 624.0221, Florida Statutes.

7. Last meeting of Directors 6/5/67 (Month - Day - Year) 8. Corporation Active? Yes (Yes or No) 9. If inactive inactivity began (Month - Day - Year)

10. If inactive, will corporation in future begin business in the future? (Yes or No) 11. Date Incorporated 1952 (Month - Day - Year) 12. If foreign corporation. Date Qualified in Fla (Month - Day - Year)

13. If foreign corporation, give the number of States in which you do business.

14. We, the undersigned, certify the above statement of facts to be true and correct as shown by our books.

Ruth M. Drais - Pres.
By President or V-President

Attest: Phyllis Prescher 1st Vice President

STATE OF FLORIDA
COUNTY OF BROWARD

Personally appeared before me PHYLLIS PRESCHER who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 21 ST day of JUNE 1967

(Notary Seal)

Signature of Notary [illegible]

NOTARY PUBLIC, STATE OF FLORIDA [illegible]
MY COMMISSION EXPIRES MAR. [illegible]

Send Original to TOM ADAMS, SECRETARY OF STATE, TALLAHASSEE, FLORIDA.
(SEE INSTRUCTIONS ON BACK OF LAST COPY)

CORP. 48 4-67

ORIGINAL

NP-05164

Corporation Report
for Foreign and Domestic Corporations

(Not For Profit and Exempt (Section 608.32(2), Florida Statutes)

State of Florida
TOM ADAMS
SECRETARY OF STATE
Tallahassee, Florida

Refer to This Number in All Correspondence

BROWARD GENERAL HOSPITAL AUX BTAL
S ANDREWS AVE 16TH ST
FT LAUDERDALE FLA 33316

16-08END6708164 1968

		(General nature of business or activity)
1. Broward Gen. Hospital Auxiliary (Give exact name of corporation)		2. Hospital volunteers

3. 1600 S. Andrews Avenue (Street or Post Office Box of principal place of business) | Ft. Lauderdale (City) | Broward (County) | Florida (State)

4.a. Mrs. Harry Prescher (Officers-Name)	President (Title)	1642 SE 12th Ct. (Address)	Ft. Lauder.
b. Mrs. R. M. Wright	Vice Pres.	1920 S. Ocean Dr.	"
c. Mrs. G. E. Mahoney	2nd "	2073 Harbor Drive	"
d. Mrs. Geo. Shipley	3rd "	401 Carolina Ave.	"
e. Mrs. Roy C. Jones	Rec. Secy.	614 NE 6th Ave.	"
f. Mrs. T. H Wheeler	Cor. "	1109 SW 20th St.	"
g. Mrs. E. Youngblood	Treasurer	5 Isla Bahia Dr.	"

5.a. All of above, plus Service Chairmen - following plus additional: (Directors - Name) (Law requires at least (3) three) (Address)

b. Mrs. C. Pollard	2100 S. Ocean Drive	Ft. Lauderdale
c. Mrs. M.Erickson	1920 S. Ocean Drive	"
d. Mrs. C. Leaver	2616 Bayview Drive	"
e.		
f.		

6. None (Resident Agent Name) (Address)

Insurance companies are not to complete item 6 pursuant to Section 624.0221, Florida Statutes.

7. Last meeting of Directors 6/3/68 (Month - Day - Year) 8. Corporation Active? Yes (Yes or No) 9. If inactive Inactivity began (Month - Day - Year)

10. If inactive, will corporation begin business in the future? (Yes or No) 11. Date Incorporated 10 52 (Month - Day - Year) 12. If foreign corporation, Date Qualified in Fla. (Month - Day - Year)

13. If foreign corporation, give the number of States in which you do business.

14. We, the undersigned, certify the above statement of facts to be true and correct as shown by our books.

Mrs Harry Prescher
By President or Incumbent

Attest: Mrs Roy C. Jones
Secretary

STATE OF Florida
COUNTY OF Broward

Personally appeared before me
who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 24 day of June, 1968

(Notary Seal)

Louise B. Davis
Signature of Notary taking acknowledgment
Notary Public, State of Florida at Large
My Commission Expires April 4, 1971

NP 5164-e

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

Amending Article I
Changing corporate name from BROWARD GENERAL HOSPITAL AUXILIARY OF FORT LAUDERDALE, FLORIDA, INC.

FILED IN OFFICE OF SECRETARY OF STATE, STATE OF FLORIDA.
by. . . ph., on. . . . 4-21-69. . .

TOM ADAMS
SECRETARY OF STATE

corp-1

LAW OFFICES

McCUNE, HIAASEN, CRUM & FERRIS

CHARLES N. McCUNE (1885-1964)
CARL A. HIAASEN
JAMES M. CRUM
ROBERT E. FERRIS
RUSSELL M. GARDNER
H. ODEN HIAASEN
JAMES D. CAMP JR.
JAMES J. LINUS
EUGENE L. HEINRICH
JOHN T. JACOBSON
DAVIS W. DUKE, JR.
REED A. BRYAN, III
WILLIAM H. NEEB
EARLE W. PETERSON, JR.
BURL F. GEORGE
RICHARD B. GORDON

BROWARD NATIONAL BANK BUILDING
POST OFFICE BOX 941
FORT LAUDERDALE, FLORIDA 33302

(305) 524-0351

FILED
3 52 PM '69
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 28, 1969

Secretary of State
Tallahassee
Florida

APR -1 7 - 76800 *****3.00
APR -1 9 - 76700 *****10.00
APR 1 2 - 76600 *****2.00

Attention: Corporate Division

Re: BROWARD GENERAL HOSPITAL AUXILIARY OF FORT LAUDERDALE, FLORIDA, INC.

Dear Sir:

Enclosed please find a proposed Amendment to the Certificate of Incorporation of Broward General Hospital Auxiliary of Fort Lauderdale, Florida, Inc., reflecting a change in name and title of the corporation to Broward General Medical Center Auxiliary of Fort Lauderdale, Florida, Inc.

In accordance with Section 617.02 Florida Statutes, the Amendment tendered herewith reflects the change in accordance with the provisions of Article VIII of the Certificate of Re-Incorporation filed in your office the 4th day of February, 1963.

Enclosed also please find our firm check in the amount of $15.00 consisting of the $10 filing fee prescribed in Chapter 617.015(c) and the $5 fee specified in 617.015(b). Please furnish a certified copy of the Amendment when the same is filed in the usual form.

Yours most sincerely,

Reed A. Bryan
For the Firm

RAB/bmm
Enc.

cc: Broward General Hospital Auxiliary

TOM ADAMS
SECRETARY OF STATE

April 28, 1969

Reed A. Bryan, Esquire
Attorney at Law
Post Office Box 941
Fort Lauderdale, Florida 33302

Charter No. NP 5164

Dear Mr. Bryan:

Subject: BROWARD GENERAL HOSPITAL AUXILIARY OF FORT LAUDERDALE, FLORIDA, INC.

A refund for $ 2.00 is enclosed for the reason checked:

1.____ Withdrawal of charter.
2.____ Overpayment of filing fee.
3.____ Charter not of record in this office
4. XX Overpayment of certification fee.
5.____ Filing fee previously paid.
6.____ No fee required.
7.____ No response to our letter of
8.____ Overpayment of charter tax.
9.____ Comments:

If you have any questions regarding this matter, please let us know.

corp-77
10-15-68

REQUISITION FOR REFUND

This money was originally received per validator stamp as follows:

4-1-69	75600	1	5	$2.00
Date	Validation No.	Machine No.	Dept. No.	Amount

Requested by: _____
(Head of Department)

For use by Fiscal Department

Paid by Revolving Fund Check No. _____

Dated _____ Amount _____

gen-1
4-30-63

BROWARD NATIONAL BANK BUILDING
POST OFFICE BOX 841
FORT LAUDERDALE, FLORIDA 33302

(305) 524-0351

April 10, 1969

Secretary of State
Tallahassee
Florida 32304

Attention: Corporate Division

Re: BROWARD GENERAL HOSPITAL AUXILIARY
OF FORT LAUDERDALE, FLORIDA, INC.

Gentlemen:

We are returning herewith the Amendment to Certificate of Incorporation pursuant to your letter of April 7, 1969, with acknowledgment of the President's signature.

Yours very truly,

Bernadette Meyer
Secretary to Reed A. Bryan

Enc.

Secretary of State

TOM ADAMS
SECRETARY OF STATE

FILED
MAR 21 9 52 AM '69
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 7, 1969

Reed A. Bryan, Esquire
Attorney at Law
Post Office Box 941
Fort Lauderdale, Florida 33302

Dear Mr. Bryan:
Subject: BROWARD GENERAL HOSPITAL AUXILIARY OF FORT LAUDERDALE, FLORIDA, INC.
Document: returned_x_ pending_____
Charter____Amendment_x_Consolidation____Merger____Dissolution____

1._____Name is not available.

2._____Name must include a corporate suffix.

3._____Check for $ has been received and deposited but is insufficient to cover: Charter tax_____ Filing fee_____ Certified copy_____.

4._____Complete mailing address for principal place of business, directors, and subscribers which must include a street address, rural route or highway.

5._____The certificate of incorporation must show the number of directors the corporation shall have (which must be no less than three) with a statement designating the total number.

6._____Corporation must have at least three subscribers. All subscribers must sign and their signatures notarized.

7._____Notary public's acknowledgement is incomplete.

8._x_President's signature must be acknowledged.

9._____Amendment must include a statement of approval of stockholders and directors.

10._____Receipted bill regarding proof of publication was not enclosed.

11._____Capital stock tax due
(CONTACT FLORIDA REVENUE COMMISSION FOR AMOUNT DUE)

12._____Other

Sincerely,

TOM ADAMS
Secretary of State

By
Roy L. Allen, Director
Corporations Division

corp-66 RLA/

AMENDMENT TO CERTIFICATE OF INCORPORATION

OF

BROWARD GENERAL HOSPITAL AUXILIARY OF
FORT LAUDERDALE, FLORIDA, INC.

FILED
MAR 21 3 52 PM '69
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We, the undersigned, President and Secretary respectively, of BROWARD GENERAL HOSPITAL AUXILIARY OF FORT LAUDERDALE, FLORIDA, INC., a corporation not for profit, organized and existing under the laws of the State of Florida, and pursuant to Chapter 617, Florida Statutes, do hereby certify that at a legal business meeting of the membership of this corporation held at Broward General Medical Center, 1600 S. Andrews Avenue, Fort Lauderdale, Florida, on the 13th day of February, 1969, at which by vote of 2/3 of the members present in good standing, the following Resolution was adopted:

> BE IT RESOLVED, by the membership of BROWARD GENERAL HOSPITAL AUXILIARY OF FORT LAUDERDALE, FLORIDA, INC., that both the title and Article I of the Certificate of Incorporation of this corporation be and the same is hereby amended so as to read as follows:

Title

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

ARTICLE I

The name of this corporation shall be:

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

BROWARD GENERAL HOSPITAL AUXILIARY
OF FORT LAUDERDALE, FLORIDA, INC.

By Laura Jones
President

Attest Evelyn C Smith
Secretary

STATE OF FLORIDA)
: ss.
COUNTY OF BROWARD)

Be it known that personally appeared before the undersigned authority, Laura Jones, who after first being duly sworn, deposes and says that she has executed the foregoing instrument as her account and deed for the uses and purposes therein stated and that it is intended in good faith to carry out the purposes and objects set forth in the foregoing Amendment to Certificate of Incorporation.

Sworn to and subscribed before me at Fort Lauderdale, Florida, this 9th day of April, 1969.

Notary Public

My Commission Expires:

NOTARY PUBLIC STATE OF FLORIDA AT LARGE
MY COMMISSION EXPIRES APRIL 21, 1973
BONDED THRU FRED W. DIESTELHORST

CORPORATION NOT FOR PROFIT

No. ~~NP~~ 5164-A

Resident Agent Certificate

NAME

Broward General Hospital Auxiliary of Fort Lauderdale, Florida, Inc.

FILED IN THE OFFICE OF

SECRETARY OF STATE
OF FLORIDA

3-4-63

TOM ADAMS

SECRETARY OF STATE

BY _____

CORP-31

fee not paid

STATE OF FLORIDA

OFFICE

SECRETARY OF STATE

MR -4-63-2 63300 ~~xxxxx~~1.00

CORPORATION NOT FOR PROFIT

Certificate Designating Place of Business or Domicile for the Service of Process Within This State, Naming Agent Upon Whom Process May Be Served

In pursuance of Section 617.023, Florida Statutes, the following is submitted, in compliance with said Act: INC.

First—That BROWARD GENERAL HOSPITAL AUXILIARY OF FORT LAUDERDALE, FLORIDA,

a corporation not for profit duly organized and existing under the laws of the State of Florida

with its principal place of business at City of Fort Lauderdale,

County of Broward, State of Florida

has designated and established 1600 South Andrews Avenue
(Street or building)

City of Fort Lauderdale, County of Broward

State of Florida, as its place of business or domicile for the service of process within this State, and named as its agents Margaret D. Kersta

to accept service of process.

RECEIVED
MAR 4 3 14 PM '63
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Complete the following when there is a change of one or more officers or directors.

OFFICERS: AFFIX TITLES: NAME	SPECIFIC ADDRESS
Mrs. John W. Duncan Second Vice President	2549 N.E. 26th Terrace Fort Lauderdale, Fla.

DIRECTORS: (THREE (3) required by law) NAME	SPECIFIC ADDRESS

By _____

ACKNOWLEDGMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity.

By Margaret D. Kersta

Section 617.023, Florida Statutes. Office and resident agent. Every corporation organized hereunder shall maintain an office in this state with a resident agent thereat upon whom process may be served. The resident agent may be either an individual or a corporation. The corporation shall keep the secretary of state informed of the current city, town or village and street address of said office together with the name of the resident agent.

Filing Fee: $1.00

5164

AMENDMENT
AMENDING ARTICLES II, III, VI

FILED IN OFFICE OF SECRETARY OF STATE, STATE OF FLORIDA
by jk on 11/4/69

TOM ADAMS
SECRETARY OF STATE

CHARLES N. MCCUNE (1888-1964)
CARL A. HIAASEN
JAMES M. CRUM
ROBERT C. FERRIS
RUSSELL M. BARONIAN
C. ODELL HIAASEN
JAMES O. CAMP, JR.
JAMES J. LINUS
EUGENE L. HEINRICH
JOHN T. JACOBSON
DAVID W. DUKE, JR.
REED A. BRYAN, III
WILLIAM H. WEEKS
EARLE W. PETERSON, JR.
BURL F. GEORGE
RICHARD B. GORDON

BROWARD NATIONAL BANK BUILDING
POST OFFICE BOX 841
FORT LAUDERDALE, FLORIDA 33302
(305) 524-0361

October 30, 1969

Secretary of State
Tallahassee
Florida 32304

Amending Cert.

Attention: Corporate Division

NOV -4 1 - 12800 *****5.00

NOV -4 9 - 12760 *****10.00

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

FILED
69 NOV 4 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir:

Enclosed please find a proposed Amendment to the Certificate of Incorporation of Broward General Medical Center Auxiliary of Fort Lauderdale, Florida, Inc., reflecting a change in Articles II, III and VI.

In accordance with Section 617.02 Florida Statutes, the Amendment tendered herewith reflects the change in accordance with the provisions of Article VIII of the Certificate of Re-Incorporation filed in your office the 4th day of February, 1963.

Enclosed also please find our check in the amount of $15.00 consisting of the $10 filing fee prescribed in Chapter 617.015(c) and the $5 fee specified in 617.015(b). Please furnish a certified copy of the Amendment when the same is filed in the usual form.

Yours most sincerely,

Reed A. Bryan
For the Firm

$, TAX	
FILING	10.00
C. COPY	5.00
R. A. FEE	
P. COPY	
SEARCH	
TOTAL	15.00
BALANCE DUE	
REFUND	

RAB/bmm
Enc.
cc: Broward General Medical Center Auxiliary

the public and by raising funds by any means to be used in aiding the said hospital which have the approval of the officers of this corporation. Incidental to and in connection with the principal object of the corporation, it is authorized to receive and accept donations; it is authorized to take title

AMENDMENT TO CERTIFICATE OF INCORPORATION

OF

BROWARD GENERAL MEDICAL CENTER AUX[illegible] OF
FORT LAUDERDALE, FLORIDA, INC.

FILED
MAY 7 2 31 PM '69
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We, the undersigned, President and Secretary respectively, of BROWARD GENERAL MEDICAL CENTER AUXILIARY OF FORT LAUDERDALE, FLORIDA, INC., a corporation not for profit, organized and existing under the laws of the State of Florida, and pursuant to Chapter 617, Florida Statutes, do hereby certify that at a legal business meeting of the membership of this corporation held at Broward General Medical Center, 1600 S. Andrews Avenue, Fort Lauderdale, Florida, on the 19th day of May, 1969, at which by vote of 2/3 of the members present in good standing, the following Resolution was adopted:

> BE IT RESOLVED, by the membership of BROWARD GENERAL MEDICAL CENTER AUXILIARY OF FORT LAUDERDALE, FLORIDA, INC., that Articles II, III and VI of the Certificate of Incorporation of this corporation be and the same are hereby amended so as to read as follows:

II.

The general nature of the object for whi[illegible] this corporation is formed is to give corporate existence to its members and render any assistance in that form to BROWARD GENERAL MEDICAL CENTER situated in Broward County, Florida. The purpose may be carried out through general contact with the public and by raising funds by any means to be used in aiding the said hospital which have [illegible]proval of the officers of this corporation. Incidental to and in connection with the principal object of the corporation, it is authorized to receive and accept donations; it is authorized to take title

to and hold real and personal property and to lease, rent, sell or mortgage the same in carrying into effect the principal object of the corporation.

III.

Membership of this corporation shall consist of all members in good standing according to its by-laws, that is, any person interest in the objects of the corporation whose application for membership shall have been approved by a majority vote of the Board of Directors with a recommendation for acceptance from the Executive Committee, with dues paid.

VI.

The affairs of this corporation are to be managed by the following officers:

President

President-Elect

2-A Vice President

[illegible] Vice President

[illegible]cary

Treasurer

Hospitality Shop Treasurer

and the time that they shall be elected or appointed and the term of office for which they shall serve are as follows: Election of officers shall be held at any annual date as prescribed in the by-laws. Officers shall serve for a term of one year or until their successors are elected and installed, and may be re-elected for an additional term of one year in the

same office. No officer shall serve in the same office for more than two successive terms.

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

By Laura Jones
President

Attest Evelyn C. Smith
Secretary

STATE OF FLORIDA)
: SS.
COUNTY OF BROWARD)

Be it known that personally appeared before the undersigned authority, Laura Jones, who after first being duly sworn, deposes and says that she has executed the foregoing instrument as her account and deed for the uses and purposes therein stated and that it is intended in good faith to carry out the purposes and objects set forth in the foregoing Amendment to Certificate of Incorporation.

Sworn to and subscribed before me at Fort Lauderdale, Florida, this 28th day of October, 1969.

Shirley M. Lawrence
Notary Public

My Commission Expires:

NOTARY PUBLIC STATE OF FLORIDA AT LARGE
MY COMMISSION EXPIRES APRIL 8, 1970
BONDED THRU FRED W. DIELMAN

RICHARD (DICK) STONE
Secretary of State
THE CAPITOL
TALLAHASSEE, FLA.
32304

STATE OF FLORIDA
DEPARTMENT OF STATE

PRIVILEGE TAX RETURN

FOR CORPORATIONS & OTHER ENTITIES

BLK. RT.
U.S. POSTAGE
PAID
TALLAHASSEE, FLA.
PERMIT #88

ADDRESS CORRECTION REQUESTED

NOV -6-74-02 120900 *****2.00

705164

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

DATE DUE: JAN. 1, 1972
DATE DELINQUENT: MAR. 1, 1972

PLEASE TYPE

Change Mailing Address to: 1600 S. Andrews Ave.
Ft. Lauderdale, Fla. Zip 33316

READ INSTRUCTIONS ON BACK

PRIVILEGE TAX PROFIT ENTITIES $5.00 NON-PROFIT ENTITIES $2.00

(Exact Corporate Name) — Fed. Emp. I.D. No.

1. Broward General Medical Center Auxiliary of Ft. Lauderdale Fla., Inc. 59 0895145

(Street Address of Principal Office in Fla.) (City) (County) (State) (Zip)

3. 1600 S. Andrews Ave., Ft. Lauderdale Broward Fla. 33316

	(Officers Names)	(Title)	(Street Address)	(City)
4.(a)	Mrs. F. B. Youngblood	Pres.	5 Isla Bahia Dr.	Ft. Lauderdale, Fla
(b)	Mrs. Herman Sebold	Pres. Elect.	2525 Lucille Dr	" "
(c)	Mr. Wynne Alexander	2nd V.	1061 S. W. 30th St.	" "
(d)	Mrs. James R. Summers	3rd V.P.	1517 S. W. 13 St.	" "
	(Directors, Trustees, Managers)		(Street Address)	(City)
5.(a)	Mrs. E. C. Wrightson	Sec'ty	1308 Orange Isle	" "
(b)	Mrs. Myron S. Korach	Treas.	2525 Gulfstream Lane	" "
(c)	Mrs. Wid Mc Callister	Hosp. Sh Treas.	120 S. W. 30th Ave.	" "
(d)				
	(Resident Agent Name)		(Street Address)	(City)
6.				

7. General Nature of Business 5812
8. Date Formed Rein or Incorporated 2 / 4 / 63
9. If Foreign Corporation, Date Qualified in Florida ___/___/___

10. Capital Stock (or number and book value of all certificates of interest or participation):

	Class or Type	Par or Stated Value	Shares Authorized	Number	Book Value
(a)					$
(b)					$
(c)					$
(d)					$
(e)	Total Book Value of Stock (Certificates) Issued				$

11. If you do not have Capital Stock, describe the general rules applicable to all members by which the property rights and interests of each are determined Equal rights based on current membership

12. Close of annual accounting period for this return 12/31/71.

13. I/We declare that all Florida documentary stamp taxes applicable to corporate stock (or certificates of interest or participation) transactions for the 12 month period ending Dec. 31 have been paid as required under Chapter 201, Florida Statutes, and I/We further declare that this return is true and correct.

(Corporate Seal)
Attest: Edna Knack
Secretary or Assistant Secretary

Broward General Medical Center
(Corporate Name)
Auxiliary of Ft. Lauderdale, Fla., Inc.
By: Karen Korach
President or Vice President Treasurer

Return Original (with Tax Payment) to DEPARTMENT OF STATE
THE CAPITOL
TALLAHASSEE, FLORIDA 32304

READ INSTRUCTIONS ON BACK
PRIVILEGE TAX PROFIT ENTITIES $5.00 NON-PROFIT ENTITIES $2.00

RICHARD (DICK) STONE
SECRETARY OF STATE
The Capitol
Tallahassee, Florida 32304

State of Florida
Department of State
ANNUAL REPORT
for Corporations and Other Entities

BLK. RT.
U.S. POSTAGE
PAID
MIAMI, FLA.
PERMIT NO. 616

ADDRESS CORRECTION
REQUESTED

DATE DUE: JAN. 1, 1973
DATE DELINQUENT: MAR. 1, 1973

MW -6-Ju-87 121000 ****2.00

Please refer to this number for future correspondence regarding this corporation

NAME: BROWARD GENERAL MEDICAL CENTER 405154
AUXILIARY OF FORT LAUDERDALE, FLORIDA, INC.
ADDRESS: 1600 S. Andrews Ave.
CITY Ft. Lauderdale STATE Fla. ZIP 33316

PLEASE TYPE

CHANGE MAILING ADDRESS TO:
Zip

1. Broward General Medical Center Auxiliary of Ft. Lauderdale, Fla., Inc. (Exact Corporate Name) — 2. 59 0895145 (Fed. Emp. I.D. No.)

3. 1600 S. Andrews Ave. (Street Address of Principal Office in Fla.) Ft. Lauderdale (City) (Broward) (County) Fla. (State) 33316 (Zip)

	(Officers Names)	(Title)	(Street Address)	(City)	(State)
4. (a)	Mrs. James R. Summers	Pres. Elect	517 S.W. 13th St.	Ft. Lauderdale	Fla.
(b)	Mrs. Richard Merrick	2nd Lt. P.	1730 N.E. 16th St	"	"
(c)	Mrs. Harold A. Wayne	Pres.	420 S. E. 11th Ave.	"	"
(d)	Mrs. T. H. Wheeler	Sec'y	1109 S.W. 20th St.	"	"
	(Directors, Trustees, Managers)		(Street Address)	(City)	(State)
5. (a)	Mrs. Hal M. Caudle	3rd V.Pres.	721 N.E. 16th Terrace	"	"
(b)	Mrs. Wid McCallister	Hosp. Sh. Treas.	120 S.W. 30th Ave	"	"
(c)	Mrs. Myron S. Korach	Treas.	2525 Gulfstream Lane	"	"
(d)					
	(Florida Resident Agent Name)		(Florida Street Address)	(City)	(Zip)
6.					

7. General Nature of Business (See page 2) 8 8 1 2
8. Date Formed or Incorporated Rein 2 / 4 / 63 (MO DA YR)
9. If Foreign Corporation, Date Qualified in Florida / / (MO DA YR)

10. Capital Stock (or number and book value of all certificates of interest or participation):

Class or Type	Par or Stated Value	Shares Authorized	SHARES ISSUED Number	Book Value
(a)				$
(b)				$
(c)				$

11. If you do not have Capital Stock, describe the general rules applicable to all members by which the property rights and interests of each are determined Equal rights based on current membership

12. Fiscal close of accounting period 12/31 (MO DA)

13. I/WE declare that all Florida documentary stamp taxes applicable to corporate stock (or certificates of interest or participation) transactions for the 12 month period ending Dec. 31, 1972 have been paid as required under Chapter 201, Florida Statutes, and I/WE further declare that this report is true and correct.

Broward General Medical Center Auxiliary of Ft. Lauderdale, Fla. Inc.
(Corporate Name)

(Corporate Seal)
Attest: Edna Korach
Secretary or Assistant Secretary

By: Agnes Korach
President or Vice President Treasurer

Return Original (with Filing Fee) to DEPARTMENT OF STATE
DRAWER 18
THE CAPITOL
TALLAHASSEE, FLORIDA 32304

Corp - AR72

READ INSTRUCTIONS ON BACK

FILING FEE PER PROFIT ENTITY $5.00
PER NON-PROFIT ENTITY $2.00

ANNUAL REPORT
FOR CORPORATIONS AND OTHER ENTITIES

VALIDATION AREA - DO NOT WRITE IN THIS SPACE

MAY -1-74 1 163*******2.00

SECRETARY OF STATE
RICHARD (DICK) STONE
P.O. BOX 6327
TALLAHASSEE, FLA. 32301

DUE JAN 1, 1974 DELINQUENT JULY 1, 1974

CORP-AR74 PAGE 1

(1) 705104 (2) 02/04/1963
ARTER NUMBER — DATE INC. OR IF FOREIGN DATE QUALIFIED IN FLA.

(3) ACT ME: BROWARD GENERAL MEDICAL CENTER AUXILIARY OF FORT LAUDERDALE, FLORIDA, INC.

(4) FED. EMP. I.D. NO. 59-0895145 (5) SICC 5812 (SEE PAGE 4)

(6) SIDENT ENT: PLEASE SEE ITEMIZED INSTR., ITEM #6

(7) OFFICERS/DIRECTORS NAMES — CITY / STATE

PLEASE SEE ITEMIZED INSTRUCTIONS, ITEM #7

(8) FISCAL CLOSE OF ACCOUNTING PERIOD MO. 12

(9) ING DRESS:
705104
BROWARD GENERAL MEDICAL CENTER ETAL
5 ANDREWS AVE 16TH ST
FT LAUDERDALE FLA 33316

(10) PRIMARY STOCK

AUTH. STK. PAR VALUE

DECLARE THAT ALL FLORIDA DOCUMENTARY STAMP TAXES APPLICABLE TO CORPORATE OCK (OR CERTIFICATES OF INTEREST OR PARTICIPATION) TRANSACTIONS DURING THE EVIOUS YEAR HAVE BEEN PAID AS REQUIRED BY CHAPTER 201, FLORIDA STATUTES; I FURTHER CLARE THAT I AM THE AUTHORIZED PERSON TO SIGN THE REPORT FOR THIS ENTITY AND AT IT IS TRUE AND CORRECT.

(11) AUTHORIZED SIGNATURE Agnes Korach

TITLE Treasurer TEL NO 305 583 7580

CORRECTIONS AND ADDITIONAL INFORMATION-PLEASE TYPE

(4a) 59 0895145 FED. EMPLOYER ID. NO.

(5a) SICC 5812 (SEE PAGE 4)

(6a) Mrs. James R. Summers, Pres.
Broward General Medical Center Auxiliary of
Ft. Lauderdale, Fla., Inc.
1600 S. Andrews Ave.,
Ft. Lauderdale, Fla. 33316

(7a)

OFFICERS/DIRECTORS	STREET ADDRESS	TITLE
Mrs. James R. Summers	1517 S. W. 13th St.	Pres.
Mrs. Richard Merrick	1730 N. E. 16th St.	Pres.-Elect
Mrs. Peter O'Brien	2441 S. W. 15th Ct.	2nd V.P.
Mrs. Arthur Hubbard	1200 S. W. 12th St.	3rd V.P.
Mrs. Leonard Hesch	1210 N. E. 5th Terr.	Sec't
Mrs. Irwan S. Korach	2525 Gulfstream Lane	Treas.
Mrs. E. C. Wrightson	1508 Orange Isle	Shop Treas.

- IF ADDITIONAL OFFICERS/DIRECTORS, ATTACH ADDENDUM SHEET -

(8a) FISCAL CLOSE OF ACCOUNTING PERIOD (MONTH) December

(9a) Broward General Medical Center Auxiliary ETAL
1600 S. Andrews Ave., SEE AREA
Ft. Lauderdale, Fla. 33316

(9b) STREET ADDRESS

(10a) CAPITAL STOCK (OR NUMBER & BOOK VALUE OF ALL CERTIFICATES OF INTEREST OR PARTICIPATION)

CLASS OR TYPE	PAR, NO. PAR, OR STATED VALUE	SHARES AUTHORIZED	NUMBER BOOK VALUE
(1)			$
(2)			$

(10b) IF YOU DO NOT HAVE CAPITAL STOCK, DESCRIBE THE GENERAL RULES APPLICABLE TO ALL MEMBERS BY WHICH THE PROPERTY RIGHTS AND INTERESTS OF EACH ARE DETERMINED

Equal rights based on current membership

(12) RESIDENT AGENT SIGNATURE (IF DIFFERENT FROM NO. 6 (ABOVE))

PLEASE READ INSTRUCTIONS ON PAGE 2
FILING FEES $5.00 PROFIT ENTITY $2.00 NON PROFIT

ANNUAL FILING FEES

$5.00 - PROFIT CORP.
$2.00 - NON-PROFIT CORP.

CORPORATION ANNUAL REPORT

DUE—JAN. 1 DELINQUENT—JULY 1

MAY 23-75 1 802*******2 00

VALIDATION AREA - DO NOT WRITE IN THIS SPACE

REMIT THIS FORM & FILING FEE TO:

SECRETARY OF STATE
THE CAPITOL
TALLAHASSEE, FLORIDA
32304

(1) CHARTER NUMBER: 705164 1

(2) DATE INC. OR IF FOREIGN DATE QUALIFIED IN FLA.: 02/04/1963

(3) SICC (SEE INSTRUCTIONS ON BACK): 5812

(3a) CHANGE TO:

(4) FED. EMPLOYER ID. NO.: 59-0895145

(4a) CHANGE TO:

(5) FISCAL CLOSE OF ACCOUNTING PERIOD (MO): Dec

(5a) CHANGE TO:

1974 YEAR OF LAST REPORT FILED IN THIS OFFICE

1975 YEAR(S) THIS REPORT COVERS

(6) EXACT NAME: BROWARD GENERAL MEDICAL CENTER AUXILIARY OF FORT LAUDERDALE, FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

CJR
8/12/75

FOR DIVISION USE ONLY

FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

APR 29 9 33 AM '75

APPROVED AND FILED

PLEASE READ INSTRUCTIONS ON BACK

(7) RESIDENT AGENT AND STREET ADDRESS (IF RESIDENT AGENT AND/OR ADDRESS IS DIFFERENT, WRITE THIS OFFICE AT THE ABOVE ADDRESS FOR PROPER FORMS.):

SUMMERS, MRS JAMES R
BROWARD GEN MED CNTR AUXILIARY
1600 S ANDREWS AVE
FT LAUDERDALE, FL 33316

NOTICE: IN THE FUTURE ALL MAIL WILL BE ADDRESSED TO THE PHYSICAL STREET ADDRESS OF CORPORATION. TO COMPLY WITH THIS REQUIREMENT, PLEASE CHANGE THE MAILING ADDRESS TO REFLECT THE PHYSICAL STREET ADDRESS OF THE PRINCIPAL PLACE OF BUSINESS IF NOT ALREADY STATED.

(8) ADDRESS:

705164
BROWARD GENERAL MEDICAL CENTER AUXILIARY OF FT LAUDERDALE
1600 S ANDREWS AVE
FT LAUDERDALE FLA 33316

(8a) CHANGE TO:

NO P.O. BOX

(9) OFFICERS/DIRECTORS NAMES

OFFICERS/DIRECTORS NAMES	STREET ADDRESS	CITY / STATE	TITLE(S)	
SUMMERS, MRS JAMES R	1517 S. W. 13th St	FT LAUDERDALE, FL 33312	PRES.	Dir.
MERRICK, MRS RICHARD	1730 N. E. 16th St.	FT LAUDERDALE, FL 33304	V.P.	Dir.
HESCH, MRS LEONARD	1210 N. E. 5th Terrace	FT LAUDERDALE, FL 33304	SEC	Dir.
HUBBARD, MRS ARTHUR	1200 S. W. 12th St.	FT LAUDERDALE, FL 33315	DIR	3rd V.P
KORACH, ~~MRWIN~~ Mrs. Myron	S. 2525 Gulfstream Lane	FT LAUDERDALE, FL 33312	DIR	Treas
WRIGHTSON, MRS E C	1308 Orange Isle	FT LAUDERDALE, FL 33315	DIR	H.S. Treas

CAPITAL STOCK

(10) CAPITAL STOCK

(10a) CLASS OR TYPE | PAR NO. PAR, OR STATED VALUE | SHARES AUTHORIZED | NUMBER BOOK VALUE

(1) $

(2) $

IF YOU DO NOT HAVE CAPITAL STOCK, DESCRIBE THE GENERAL RULES APPLICABLE TO ALL MEMBERS BY WHICH THE PROPERTY RIGHTS AND INTERESTS OF EACH ARE DETERMINED

Equal rights based on current membership

I DECLARE THAT ALL FLORIDA DOCUMENTARY STAMP TAXES APPLICABLE TO CORPORATE STOCK (OR CERTIFICATES OF INTEREST OR PARTICIPATION) TRANSACTIONS DURING THE PREVIOUS YEAR HAVE BEEN PAID AS REQUIRED BY CHAPTER 201, FLORIDA STATUTES; I FURTHER DECLARE THAT I AM THE AUTHORIZED PERSON TO SIGN THE REPORT FOR THIS ENTITY AND THAT IT IS TRUE AND CORRECT.

AUTHORIZED SIGNATURE: Agnes Korach

TITLE: Treasurer

TEL. NO.: 305 583 7580

DATE: 1/20/75

CORP-AR75

CORPORATION ANNUAL REPORT

FEB -6 76-02 150000 *****5.00

DUE—JAN. 1 DELINQUENT—JULY 1 VALIDATION AREA - DO NOT WRITE IN THIS SPACE

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
THE CAPITOL
TALLAHASSEE, FLORIDA
32304

(1) CHARTER NUMBER: 705164 1

(2) DATE INC. OR IF FOREIGN DATE QUALIFIED IN FLA.: 02/04/1963

(3) SICC: 5812

(3a) CHANGE TO:

(4) FED EMPLOYER ID. NO.: 59-0895145

(4a) CHANGE TO:

1975 YEAR OF LAST REPORT FILED IN THIS OFFICE

1976 YEAR(S) THIS REPORT COVERS

PLEASE READ INSTRUCTIONS ON BACK

(5) EXACT NAME: BRIGARD GENERAL MEDICAL CENTER AUXILIAR FORT LAUDERDALE, FLORIDA, INC.

(6) STREET ADDRESS OF PRINCIPAL OFFICE. POST OFFICE BOX ALONE WILL NOT BE ACCEPTABLE

ADDRESS:
705164
BRIGARD GENERAL MEDICAL CENTER AUXILIA
RY OF FT LAUDERDALE
1600 S ANDREWS AVE
FT LAUDERDALE FLA 33316

(6a) STREET ADDRESS CHANGE

(7) REGISTERED AGENT AND STREET ADDRESS:
SUMMERS, MRS JAMES R
BRIGARD GENERAL MEDICAL CTR AUXILIARY
1600 S ANDREWS AVE
FT LAUDERDALE, FL 33316

(7a) Mrs. Richard B. Merrick
REGISTERED AGENT NAME CHANGE
AND/OR ADDRESS CHANGE
INCLUDE REGISTERED OFFICE ADDRESS
1600 S. Andrews Ave., Ft. Lauderdale, Fl 33316

(8) TYPE CORRECTIONS IN SPACE PROVIDED BELOW. STRIKE THROUGH INCORRECT ENTRIES. CORRECTIONS MUST BE TYPED.

NAMES OF ALL OFFICERS AND DIRECTORS	STREET ADDRESS	CITY / STATE	TITLES MUST BE SHOWN	
SUMMERS, MRS JAMES R	1317 S. W. 13TH ST	FT LAUDERDALE, FL	~~Parliamentarian~~ PRES	DIR
MERRICK, MRS RICHARD	1730 NE 16TH ST	FT LAUDERDALE, FL	~~Pres~~ V.P.	DIR
Hamilton, Mrs. Clinton	7220 N. W. 5th Ct.	Plantation, Fl.	V.P.	Dir
HESCH, MRS EDWARD	1213 NE 5TH TERR.	FT LAUDERDALE, FL	SEC	DIR
Coatsworth, Mrs. Frances	L.2400 W. Broward Blvd	Ft. Lauderdale, Fl	V.P.	DIR
JENSEN, MRS ARTHUR	1200 SW 12TH ST	FT LAUDERDALE, FL	V.P.	DIR
KIRSCH, MRS. MYRON S.	#, 2525 GULFSTREAM LANE	FT LAUDERDALE, FL	DIR	TRES
[illegible]	1[illegible] FRANCIS ISLE	FT LAUDERDALE, FL	DIR	Tres

I CERTIFY THAT I AM AN OFFICER OF THIS CORPORATION EMPOWERED TO EXECUTE THIS REPORT AS REQUIRED BY CHAPTER 607, FLORIDA STATUTES. I FURTHER CERTIFY THAT I UNDERSTAND MY SIGNATURE ON THIS REPORT SHALL HAVE THE SAME LEGAL EFFECT AS IF MADE UNDER OATH

SIGNATURE [signature]

TITLE Treasurer TEL. NO. 305 583 7580

DATE 1/23/76

CORP-AR75

APPROVED

SEE IMPORTANT DISSOLUTION NOTICE ON OTHER SIDE

Bruce A. Smathers
Secretary of State
Form COR 620

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

CORPORATION ANNUAL REPORT

1977

THIS REPORT MUST BE ACCOMPANIED BY A $6 FEE.

FILED
FEB 4 1 33 PM 1977
FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

▶ *READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES* ◀

1. Name and Address of Corporation Principal Office:

705164 BROWARD GENERAL
MEDICAL CENTER AUXILIARY OF FO
RY OF FT LAUDERDALE
1600 S ANDREWS AVE
FT LAUDERDALE FLA 33316

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone Is NOT Sufficient.

Street Address:
P.O. Box No.:
City:
State:
Zip Code:

3. Date Incorporated or Qualified To Do Business In Florida	4. Federal Employer Identification Number (FEIN)	5. Date of Last Report
02/04/1953	59-0895145	1976

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Director (x)	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
MERRICK, RICHARD (MRS)	PRES	DIR	1730 NE 16TH ST,	FT LAUDERDALE, FL
HAMILTON, CLINTON (MRS		DIR	7220 NW 9TH CT,	PLANTATION, FL
MESCH, LEONARD (MRS)		DIR	1210 NE 5TH TERR,	FT LAUDERDALE, FL
WRIGHTSON, E.C. (MRS)		DIR	1308 ORANGE ISLE	FT LAUDERDALE, FL
KORACH, MYRON S. (MRS)		DIR	2525 GULFSTREAM LANE	FT LAUDERDALE, FL
COATSWORTH, FRANCES (MR		DIR	L, 2400 N. BRTWEARD BLVD.	FT LAUDERDALE, FL

7. Registered Agent Information

Name: MARRICK, RICHARD B. (MRS) | Street Address (Do NOT Use P.O. Box Number): 1600 S. ANDREWS AVE,
City, State and Zip Code: FT. LAUDERDALE, FL 33315

If you wish to change Registered Agent on this form, enter all new information here ▶

Name: KORACH, MYRON S. (MRS) | Street Address (Do NOT Use P.O. Box Number): 1600 S. Andrews Ave.,
City, State and Zip Code: Ft. Lauderdale, Fla. 33316

8. An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.

No Other Titles Will Be Accepted. Your Report Will Be Returned If It Does NOT Bear An Authorized Signature.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

2-3-77

Typed Name of Signing Officer: Agnes Korach
Title: Treas.
Telephone Number: 305 583 7580
Signature:
Date:

THIS REPORT MUST BE ACCOMPANIED BY THE $5 FEE

corp-32

NP # 5164-e

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

( ) New Corporation (xx) Reincorporation ( ) Amendment (§617.02)

Filed: 2-4-63

By: Watson, Huber & Sousley
P.O. BOX 1502, Ft. Lauderdale

ORIGINAL NAME: WOMEN'S HOSPITAL AUXILIARY OF FORT LAUDERDALE, FLORIDA - filed in Broward County Circuit Cour on 11-1-52 and reincorporating under the name of Broward GENERAL HOSPITAL AUXILIARY OF FORT LAUDERDALE, FLORIDA, INC., filed on 2-4-63 in this office.

(A) Resident agent filed 3-4-63
(B) Non Profit Corp. rpt fil. Jul 15, 1963
(C) Non-Profit Corp rpt fil, Aug. 24, 1964
(D) Non-Profit Corp. Rpt fil. July 27, 1965

Back

(E) Amending Article I, changing corporate name from BROWARD GENERAL HOSPITAL AUXILIARY OF FORT LAUDERDALE, FLORIDA, INC. -- filed 4-21-69

(F) AMENDING ARTICLES II, III, VI. FILED NOVEMBER 4, 1969.

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT

1982

George Firestone
Secretary of State

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $10 Required — Make Checks Payable To: *Secretary of State*

1. Name and Address of Corporation Principal Office

705164
BROWARD GENERAL MEDICAL CENTER AUXILIA
1600 S ANDREWS AVE
FT LAUDERDALE FLA 33316

If your address is incorrect in any way, enter the correct address in Item 2 including Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address

P.O. Box No. 006 4441 6/03/80

City 006 4441 6/03/80

State Zip Code

3. Date Incorporated or Qualified to Do Business in Florida: 02/04/1963

4. Federal Employer Identification Number (FEIN): 59-0895145

5. Date of Last Report: 04/14/1981

6. Name and Street Address of Each Officer and Director

Name	Title	Street Address of Each Officer and Director (Do NOT Use P.O. Box Numbers)	City and State
~~ANDERSON, MRS. RALPH~~	~~V/D~~	~~1630 S.W. 24TH AVE.~~	~~FT LAUDERDALE, FL~~
~~KINLEIN, DOROTHY (MISS)~~	~~V/D~~	~~3350 RIVER REACH DR. #332~~	~~FT LAUDERDALE, FL~~
TANNEHILL, MRS. ELWOOD	V/D	1640 N.E. 6TH CT.	FT. LAUDERDALE, FL
~~KNOX, ELIZABETH A.~~	~~S/D~~	~~4833 N.E. 23RD AVE.~~	~~FT. LAUDERDALE, FL~~
~~GOATSWORTH, FRANCES (MRS.)~~	~~P/D~~	~~1100 SW. 12TH ST #303~~	~~FT LAUDERDALE, FL~~
~~CLARK, MRS. ROBERT~~	~~P/D~~	~~2100 S. OCEAN DR. #7 A~~	~~FT LAUDERDALE, FL~~

Registered Agent Information

7. Name and Address of Current Registered Agent

KORACH, AYRON S. MRS.
1600 S. ANDREW AVENUE
FT LAUDERDALE, FL 33316

8. Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

9. Pursuant to the provisions of Section 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

The change was authorized by resolution duly adopted by the board of directors on January 18, 1982

SIGNATURE _____ DATE 1/18/82

(Registered Agent Accepting Appointment)

$2.00 additional fee required for Registered Agent changes. PD 6/8/82

See signature restrictions under instructions on reverse side of this form.

10. I Hereby Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. And That I Understand My Signature on This Report Shall Have the Same Legal Effect As If Made Under Oath.

Signature: [signature] Date: 1/08/82

Name and Title: TANNEHILL Vice President

Telephone Number: 305/524/8450

BROWARD GENERAL MEDICAL CENTER AUXILIARY
Of Fort Lauderdale, Florida, Inc.
1600 South Andrews Avenue
Fort Lauderdale, Florida, 33316

REPLY TO: MRS. F. B. YOUNGBLOOD

ON JANUARY 18, 1982, THE FOLLOWING BECAME OFFICERS

OF BROWARD GENERAL MEDICAL CENTER AUXILIARY, INC.

PRESIDENT - Mrs. F. B. Youngblood
Five Isla Bahia Drive
Fort Lauderdale, Fla. 33316

2nd Vice President
Mrs. Joyce Jones
one Las Olas Circle Apt. 1204
Fort Lauderdale, Fla. 33316

3rd Vice President
Mrs. Elwood Tannehill
1640 N. E. 6th Court
Fort Lauderdale, Fla. 33304

Secretary
Mrs. Helen Byrne
336 N. Birch Road Apt. 7-1
Fort Lauderdale, Fla. 33304

Treasurer
Mrs. Cameron Chisholm
2000 S. Ocean Drive Apt. 1007
Fort Lauderdale, Fla. 33316

Hospitality Shop Treasurer
Mrs. Thomas Falshaw
1630 S. W. 24th Avenue
Fort Lauderdale, Fla. 33312

THE FILING FEE FOR THE 1978 ANNUAL REPORT IS $10.

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

CORPORATION ANNUAL REPORT
1978

Bruce A. Smathers
Secretary of State

THIS REPORT MUST BE ACCOMPANIED BY A $10 FEE (Form COR 620) 12-1-77

CORPORATION DIVISION
TALLAHASSEE, FLORIDA

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES

1. Name and Address of Corporation Principal Office:

705164 BROWARD GENERAL
MEDICAL CENTER AUXILIARY OF BR
ARY OF FT LAUDERDALE
1600 S ANDREWS AVE
FT LAUDERDALE FLA 33316

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.

Street Address:

P.O. Box No.:

City:

State: Zip Code:

3. Date Incorporated or Qualified To Do Business in Florida	4. Federal Employer Identification Number (FEIN)	5. Date of Last Report
02/06/1963	59-0895148	1977

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Director (x)	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
	Hosp. Shop Treas,			33304
MERRICK, RICHARD (MRS)DIR		X	1730 NE 16TH ST,	FT LAUDERDALE, FL
Kivlin, Dorothy (Miss)	2nd V.P.	X	1350 River Reach Dr. #312	Ft. Lauderdale, FLR. 33315
[illegible]		X	[illegible]	[illegible]
	Sec'y	X	209 N. W. 20th St.	33311
MERRICK, LEONARD (MRS)	DIR	X	[illegible]	FT LAUDERDALE, FL
Ballard, Regina	3rd V.P	X	2100 S. Ocean Lane #1110	33316
[illegible]			[illegible]	FT LAUDERDALE, FL
[illegible]			[illegible]	FT LAUDERDALE, FL
	Treas.		1100 S. W. 12th St. #303	33315
COATSWORTH, FRANCES (MRS)	DIR	X	[illegible]	FT LAUDERDALE, FL
Clark, Mrs. Robert	Pres Elect	X	2100 S. Ocean Dr. #12E	33316 Ft. Lauderdale, Fl
O'Brien, Mrs. Peter F.	Pres	X	2441 S. W. 15th Ct.	33312 Ft. Lauderdale, Fl

7. Registered Agent Information

Name: KORACH, MYRON S. MRS.
Street Address (Do NOT Use P.O. Box Number): 1600 S. ANDREW AVENUE
City, State and Zip Code: FT LAUDERDALE, FL 33316

If you wish to change Registered Agent on this form, enter all new information here

Name:
Street Address (Do NOT Use P.O. Box Number):
City, State and Zip Code:

8. An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.

No Other Titles Will Be Accepted, Your Report Will Be Returned If It Does NOT Bear An Authorized Signature.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

Typed Name of Signing Officer	Title	Telephone Number
Frances L. Coatsworth	Treasurer	(305) 523 6060
Signature: Frances L. Coatsworth		Date: January 14, 1978

NOTE. THE FILING FEE FOR THE 1978 ANNUAL REPORT IS $10.

THE FILING FEE FOR THE 1979 ANNUAL REPORT IS $10.

CORPORATION ANNUAL REPORT

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

1979

THIS REPORT MUST BE ACCOMPANIED BY A $10 FEE

DO NOT WRITE IN THIS SPACE

AM 14-79 Z 1164******10.00

◄ READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES ►

1. Name and Address of Corporation Principal Office:

705164
BROWARD GENERAL MEDICAL CENTER AUXILIA
RY OF FT LAUDERDALE
1600 S ANDREWS AVE
FT LAUDERDALE FLA 33316

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.

Street Address

P.O. Box No.

City

State | Zip Code

3. State Incorporated or Qualified to Do Business in Florida: 2/04/1963

4. Federal Employer Identification Number (FEIN): 59-0695145

5. Date of Last Report: 1978

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Number)	City and State
MERRICK, RICHARD (MRS)	P/D	900 S. W. 12 St #211 ~~1730 SE 16TH ST.~~	FT LAUDERDALE, FL
KIVLIN, DOROTHY (MISS)	D/V	1350 RIVER REACH DR.#312	FT LAUDERDALE, FL
HESCH, LEONARD (MRS)	D/S	209 N. W. 20TH ST.	FT LAUDERDALE, FL
BALLARD, REGINA	D/V	2100 S. OCEAN LANE #11	FT LAUDERDALE, FL
COATSWORTH, FRANCES(MRS)	T/D	1100 S. W. 12TH ST.#303	FT LAUDERDALE, FL
CLARK, MRS. ROBERT	V/P/D	2100 S. Ocean Dr #9 A ~~2100 S. OCEAN DR. #13-C~~	FT LAUDERDALE, FL
O'Brien, Mary	P/D	2441 S. W. 15th Ct	FT LAUDERDALE, FL

7. Registered Agent Information

Name: KORACH, MYRON S. MRS.

Street Address (Do NOT Use P.O. Box Number): 1600 S. ANDREW AVENUE

City, State and Zip Code: FT LAUDERDALE, FL 33316

If you wish to change Registered Agent on this form, enter all changed information below

Name

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

8 **See signature restrictions under instructions on reverse side of this form.**

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

DO NOT WRITE IN THIS SPACE

COD 1/26/79

Typed Name of Signing Officer: Frances L. Coatsworth

Title: Treasurer-Director

Telephone Number: 523 6060

Signature: Frances L. Coatsworth

Date: 1/9/79

(Form COR 620) Rev. 10/79-12)

NOTE: THE FILING FEE FOR THE 1979 ANNUAL REPORT IS $10.

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

1980

THIS REPORT MUST BE ACCOMPANIED BY A $10 FEE

DO NOT WRITE IN THIS SPACE

AND
FILED

FEB 27 10 32 AM 1980

FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES
PLEASE STAPLE CHECK TO ANNUAL REPORT

1. Name and Address of Corporation Principal Office:

705164
BROWARD GENERAL MEDICAL CENTER AUXILIA
1600 S ANDREWS AVE
FT LAUDERDALE FLA 33316

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.

Street Address

P.O. Box No.

City

State | Zip Code

3. Date Incorporated or Qualified To Do Business in Florida	4. Federal Employer Identification Number (FEIN)	5. Date of Last Report
2/04/1963	59-0895145	1979

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
Anderson, Mrs. Ralph	T/D	1630 S. W. 24th Ave	Ft. Lauderdale, Fla
MERRICK, RICHARD (MRS)	I/D	[illegible]	[illegible]
KIVLIN, DOROTHY (MISS)	V/D	1350 RIVER REACH DR.#312	FT LAUDERDALE, FL
MESCH, LEONARD (MRS)	S/D	[illegible]	[illegible]
BALLARD, REGINA	V/D	[illegible]	[illegible]
COATSWORTH, FRANCES (MRS)	T/D	1100 S.W. 12TH ST #303	FT LAUDERDALE, FL
CLARK, MRS. ROBERT	P/D	2100 S. OCEAN DR.#9 A	FT LAUDERDALE, FL
Tannehill, Mrs. Elwood	V/D	1640 N. E. 6th Ct.	Ft. Lauderdale, Fl
Thode, Mrs. Virginia	V/D	2100 S. Ocean Dr., Apt.17M	Ft. Lauderdale, Fl
Quesada, Mrs. Anthony	S/D	1000 S. E. 4th St., #326	Ft. Lauderdale, Fla

7. Registered Agent Information

Name
KORACH, MYRON S. MRS.

Street Address (Do NOT Use P.O. Box Number)
1600 S. ANDREW AVENUE

City, State and Zip Code
FT LAUDERDALE, FL 33316

To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of $3.

8. **See signature restrictions under instructions on reverse side of this form.**

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

Typed Name of Signing Officer	Title	Telephone Number
Helen B. Clark	President	761-8725 Home Office 463-3131 Ext. 1753

Signature: Helen B. Clark Date: Feb. 18, 1980

DO NOT WRITE IN THIS SPACE
DMC 2-27-80

705164 02-26-80 2 6 396 10.00

Form COR 8X3 Rev. 11/15/79

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

1981

THIS REPORT MUST BE ACCOMPANIED BY A $10 FEE

DO NOT WRITE IN THIS SPACE

APPROVED

FILED

APR 13 11 02 AM 1981

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES
PLEASE STAPLE CHECK TO ANNUAL REPORT

1. Name and Address of Corporation Principal Office

705164
BROWARD GENERAL MEDICAL CENTER AUXILIA
1600 S ANDREWS AVE
FT LAUDERDALE FLA 33316

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.

Street Address

P.O. Box No.

City

State Zip Code

3. Date Incorporated or Qualified to Do Business in Florida: 2/04/1963

4. Federal Employer Identification Number (FEIN): 59-0895185

5. Date of Last Report: 1980

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
ANDERSON, MRS. RALPH	T/D	1630 S.W. 24TH AVE.	FT LAUDERDALE, FL
HIVLIN, DOROTHY (MISS)	V/D	1350 RIVER REACH DR.#312	FT LAUDERDALE, FL
TANNEHILL, MRS. ELWOOD	V/D	1640 N.E. 6TH CT.	FT. LAUDERDALE, FL
~~QUEGADY, MRS. ANTHONY~~	~~S/D~~	~~1000 S.E. 4TH CT.~~	~~FT. LAUDERDALE, FL~~
COATSWORTH, FRANCES (MRS)	T/D	1200 S.W. 12TH ST #303	FT LAUDERDALE, FL
CLARK, MRS. ROBERT	P/D	2100 S. OCEAN DR, #9 A	FT LAUDERDALE, FL
Knox, Mrs. Elizabeth A.	S/D	4833 N. E. 23rd Ave.	Ft LAUDERDALE FL
KULZER, MRS. DOROTHY	V/D	1 LAS OLAS CIRCLE #1210	FT LAUDERDALE FL

7. Registered Agent Information

Name
MORACH, MYRON S. MRS.
Street Address (Do NOT Use P.O. Box Number)
1600 S. ANDREWS AVENUE
City, State and Zip Code
FT LAUDERDALE, FL 33316

To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of $3.

See signature restrictions under instructions on reverse side of this form.

I Hereby Certify That I (An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, Florida Statutes) Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

Title: President

Telephone Number: 761 8225

Date: 1/21/81

705164 03-CE-81 2 1 VSS 10.00

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT

1983

George Firestone
Secretary of State

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
MAR 10 10 45 AM 1983

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of $10 Required —Make Checks Payable To: Secretary of State

1. Name and Address of Corporation's Principal Office

705164
BROWARD GENERAL MEDICAL CENTER AUXILIARY
1600 S ANDREWS AVE
FT LAUDERDALE FLA 33316

If above address is incorrect in any way, enter the correct address in Item 2 Include Zip Code

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address
P.O. Box No.
City
State Zip Code

3. Incorporated or Qualified Business in Florida: 02/04/1963

4. Federal Employer Identification Number (FEIN): 59-0895145

5. Date of Last Report: 06/08/1982

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT use Post Office Box Numbers)	City and State
~~TANNENBILLY, MRS. ELWOOD~~	~~V/D~~	~~3640 N.E. 6TH CT.~~	~~FT. LAUDERDALE, FL~~
YOUNGBLOOD, F.B. MRS	P	FIVE ISLA BAHIA DR	FT LAUDERDALE FL
JONES, JOYCE	V	3 LAS OLAS CIR #1204	FT LAUDERDALE FL
BYRNE, HELEN	ST	336 N BIRCH RD #7-1	FT LAUDERDALE FL
CHISHOLM, CAMERON	T	2000 S OCEAN DRIVE #1007	FT LAUDERDALE FL
~~FALSHAW, THOMAS MRS~~	~~T~~	~~3630 SW 24TH AVE~~	~~FT LAUDERDALE FL~~
INGALLS, Mrs. Dorothy	V	1920 S. Ocean Drive #1503	Fort Lauderdale
SPARKS, Iphigenia	V	811 S. E. 16th St. #110	Fort Lauderdale,
BRIDGES, Gene	S	6923 Cypress Road #C13	Plantation

Registered Agent Information

7. Name and Address of Current Registered Agent

~~KORACH, MYRON S. MRS.~~
1600 S. ANDREW AVENUE
FT LAUDERDALE, FL 33316

8. Name and Address of New Registered Agent

Name: MABLE MILLER
Street Address (Do NOT use P.O. Box Number): 1600 S. Andrews Avenue
City, State and Zip Code: Fort Lauderdale, Fla. 33316

Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

The change was authorized by resolution duly adopted by its board of directors on April 12, 1982

SIGNATURE: Mable A. Miller (Registered Agent Accepting Appointment) DATE 1-17-83

$3.00 additional fee required for Registered Agent changes.

See signature requirements under instructions on reverse side of this form.

To The Best Of An Officer's Of The Corporation, The Receiver Or Trustee Empowered To Execute This Report As Required By Chapter 607, F.S., I Hereby Certify That My Signature On This Report Shall Have The Same Legal Effect As If Made Under Oath.

Sally Smith Youngblood President

Date 1-14-83

305-524-8450

(MAR 83)

DUE DATE: MAY 1 AFTER CHANGE OF REGISTERED AGENT, OFFICE, OR DIRECTOR

CORPORATION ANNUAL REPORT

1984

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
MAY 7 11 43 AM 1984
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

◄ Read Notice and Instructions on Other Side Before Making Entries ►

Filing Fee of $10 Required — Make Checks Payable To: *Secretary of State*

1 Name and Address of Corporation's Principal Office

705164
BROWARD GENERAL MEDICAL CENTER AUXILIARY O
1600 S ANDREWS AVE
FT LAUDERDALE FLA 33316

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2 Enter Change of Address of Corporation's Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address

P.O. Box No.

City

State Zip Code

3 Date Incorporated or Qualified to Do Business in Florida: 02/04/1963

4 Federal Employer Identification Number (FEIN): 59-0895145

5 Date of Last Report: 03/10/1983

6 Names and Street Addresses of Each Officer and Director as of December 31, 1983

	Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
1	BYRNE, HELEN	T	336 N BIRCH RD #7-L	FT LAUDERDALE, FL 0000
2	CHISHOLM, CAMERON	T	2000 S OCEAN DR #1007	FT LAUDERDALE, FL 0000
3	~~JONES, JOYCE~~	~~V~~	~~3 LAS OLAS CIR #1204~~	~~FT LAUDERDALE, FL 0000~~
4	BRIDGES, GENE	S	6923 CYPRESS RD	PLANTATION, FL 0000
5	~~INGALLIS, MRS DOROTHY~~	~~V~~	~~1920 S OCEAN DR, #1503~~	~~FT LAUDERDALE, FL 0000~~
6	~~YOUNGBLOOD, F B, MRS~~	~~P~~	~~FIVE ISLA BAHIA DR~~	~~FT LAUDERDALE, FL 0000~~
	Merrick, Mrs. R. B.	p	900 SW 12th St. #211	Ft Lauderdale, Fla.
	Clark, Mrs. Robert	V	2100 S. Ocean Dr., #9A	Ft. Lauderdale, Fla.
	Bracey, Mrs. Roy	V	700 S.W. 18th St.	Ft. Lauderdale, Fla.

Registered Agent Information

7 Name and Address of Current Registered Agent

MILLER, MABLE
1600 S ANDREWS AVE
FT LAUDERDALE, FL
33316

8 Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

9 Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

Such change was authorized by resolution duly adopted by its board of directors on .....

SIGNATURE ..... DATE .....
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

See signature restrictions under Instructions on reverse side of this form.

I Hereby Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S. And Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

Signature: Elinor E. Merrick — Date: Feb. 4, 1984

Typed Name of Signing Officer: Elinor E. Merrick — Title: President — Telephone Number: 305-463-7493

If you desire a certificate of status check the box below and include an additional $5.00 with your payment.

☐ Certificate of Status

1985

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $20 Required — Make Checks Payable To: *Secretary of State*

705164 2
BROWARD GENERAL MEDICAL CENTER AUXILIARY O
1600 S ANDREWS AVE
FT LAUDERDALE FLA 33316

Incorporated or Qualified: 02/04/1963 | Federal Employer: 59-0895145 | Date of Last Report: 05/07/1984

	Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use P.O. Box Number)	City and State	
1	[illegible]	R	[illegible]	FT LAUD, FL	0000
	BRACEY,MRS SHIRLEY E	P	700 S.W. 18th St.	"	
2	CHISHOLM, CAMERON	T	2000 S OCEAN DR #1007	FT LAUDERDALE, FL	0000
3	[illegible]	X	[illegible]	FT LAUDERDALE, FL	0000
	MAURER,MRS KATHERINE	V	2611 CLEMATIS PLACE	"	
4	[illegible]	X	[illegible]	[illegible]	0000
	BERRY, MRS BETTY	V	1636 S.E. 12th COURT	X FT LAUDERDALE,FL	
5	[illegible]	X	[illegible]	FT LAUD, FL	0000
	SHELMAN,MRS. EDIE	V	1932 S.E. 21st AVE.	"	
6	[illegible]	X	[illegible]	FT LAUD, FL	0000
	KLEMETSRUD,MRS. EVELYN	S	1120 S.W. 31st ST.	"	

Registered Agent Information

MILLER, MABLE
1600 S ANDREWS AVE
FT LAUDERDALE, FL 33316

$3.00 additional fee required for Registered Agent changes.

Shirley Bracey 3/12/85

MRS. SHIRLEY BRACEY PRESIDENT AUXILIARY 463-3131 ext. 1753

$5 additional fee required for a Certificate of Status

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION

ANNUAL REPORT

1986

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

1986 MAR -3 AM 11:07

◄ Read Notice and Instructions on Other Side Before Making Entries ►

Filing Fee of $20 Required – Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

705164 2
BROWARD GENERAL MEDICAL CENTER AUXILIARY OF FORT
1600 S ANDREWS AVE
FT LAUDERDALE FLA 33316

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code

2 Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone Is NOT Sufficient

Street Address 21

P O Box No 22

City and State 23

Zip Code 24

3 Date Incorporated or Qualified To Do Business in Florida: 02/04/1963

4 Federal Employer Identification Number (FEIN): 59-0895145

5 Date of Last Report: 03/19/1985

6 Names and Street Addresses of Each Officer and Director, as of December 31, 1985

Names of Officers and Directors 1	Title 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4	5
BRACEY, MRS. SHIRLEY E.	P	700 SW 18TH ST	FT LAUD, FL	00000
CHISHOLM, CAMERON	T	2000 S OCEAN DR #1007	FT LAUDERDALE, FL	00000
PRESCHER, PHYLLIS	V	841 SW 13th ST	FT LAUDERDALE, FL.	
[illegible]	V	[illegible]	[illegible]	00000
BERRY, MRS. BETTY	V	1636 SE 12TH COURT	FT. LAUDERDALE, FL	
[illegible]	XX	[illegible]	[illegible]	00000
KLEMETSRUD, MRS. EVELYN	S	1120 SW 31ST ST	FT LAUD, FL	00000

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

MILLER, MABLE
1600 S ANDREWS AVE
FT LAUDERDALE, FL
33316

8 Name and Address of New Registered Agent

Name 81

Street Address (Do NOT Use P O Box Number) 82

City and State 83: FL.

Zip Code 84

9 Pursuant to the provisions of Sections 607.034 and 607.037 Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The change was authorized by resolution duly adopted by its board of directors on 1/20/86

I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 607.325 F.S.

SIGNATURE _____ (Registered Agent Accepting Appointment) DATE 2/25/86

$3.00 additional fee required for Registered Agent changes.

CR2EO34 (1-86)

See signature restrictions under instructions on reverse side of this form

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath. Officer signing must be listed in Block 6.

Signature of Officer: Shirley Bracey

Date: 2/25/86

Name of Officer: Shirley Bracey, Title: President

Telephone Number: 525-0070

☐ $35 Additional Fee Required for [illegible]

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

DO NOT WRITE IN THIS SPACE

CORPORATION

ANNUAL REPORT

1987

FILED
Department of State
Tallahassee, Florida
Division of Corporations

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $25 Required – Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

705164 2
BROWARD GENERAL MEDICAL CENTER AUXILIARY OF FORT
1600 S ANDREWS AVE
FT LAUDERDALE FLA 33316

If above address is incorrect in any way, enter the correct address in Item 2, Include Zip Code

2 Enter Change of Address of Corporation Principal Office P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3 I am Incorporated or Qualified To Do Business in Florida	4 Federal Employer Identification Number (FEIN)	5 Date of Last Report
02/04/1963	59-0895145	03/03/1986

6 Names and Street Addresses of Each Officer and Director as of December 31, 1986

Names of Officers and Directors 2	Title 3	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 4	City and State 5
Eshleman, Edie	V	1932 S. E. 21st Ave.	FT LAUDERDALE, FL
CHISHOLM, CAMERON	T	2000 S OCEAN DR #1007	FT LAUDERDALE, FL
PRESCHER, PHYLLIS	P	841 SW 13TH ST.	FT LAUDERDALE, FL
BERRY, BETTY, MRS.	V	1636 SE 12TH COURT	FT LAUDERDALE, FL
KLEMETSRUD, EVENLYN, MRS	S	1120 SW 31ST ST	FT LAUDERDALE, FL
SMITH, Doris	V	839 S. W. 11th St.	FT. LAUDERDALE FL

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

MILLER, MABLE
1600 S ANDREWS AVE
FT LAUDERDALE, FL
33316

8 Name and Address of New Registered Agent

Name of

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84 FL.

Zip Code 85

Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

The change was authorized by resolution duly adopted by its board of directors on _____

I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes

See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath
(Officer signing must be listed in Block 6)

9 Signature: Phyllis H. Prescher — Date: 2/9/87

Phyllis H. Prescher — President — 355-5374

CERTIFICATE OF STATUS DESIRED ☐ — $5 Additional Fee required for a

CR2E122A (11/86)

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT

1988

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Filing Fee of $25 Required — Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

706164 2

BROWARD GENERAL MEDICAL CENTER AUXILIARY OF FORT
1600 S ANDREWS AVE
FT LAUDERDALE FLA 33316

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2 Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

PO Box No 22

City and State 23

Zip Code 24

3 Date Incorporated or Qualified to Do Business in Florida 02/04/1963

4 Federal Employer Identification Number (FEIN) 59-0895145

5 Date of Last Report 02/23/1987

6 Names and Street Addresses of Each Officer and Director as of December 31, 1987

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
~~ESHLEMAN, EDIE~~	~~V~~	~~1932 SE 21ST. AVE.~~	~~FT LAUDERDALE, FL~~
ESHLEMAN, EDIE	V	456 N.W. 95 Avenue	Plantation, Fla.
~~CHISHOLM, CAMERON~~	~~P~~	~~2000 S OCEAN DR #1007~~	~~FT LAUDERDALE, FL~~
BYRNE, HELEN	T	2100 S. Ocean Drive	Ft. Lauderdale, Fla.
~~FRESLHER, PHYLLIS~~	~~V~~	~~641 SW 13TH ST.~~	~~FT LAUDERDALE, FL~~
JANSON, AUDREY	V	1016 Mango Isle	Ft. Lauderale, Fla.
~~BERRY, BETTY, MRS.~~	~~V~~	~~1636 SE 12TH COURT~~	~~FT LAUDERDALE, FL~~
BERRY, BETTY	P	1636 SE 12 Court	Ft. Lauderdale, Fla.
~~KIMBROUGH, SWENEYY, MRS~~	~~S~~	~~1120 SW 31ST ST~~	~~FT LAUDERDALE, FL~~
MUNON, EVELYN	S	1120 SW 31 Street	Ft. Lauderdale, Fla.
~~SMITH, DORIS~~	~~V~~	~~839 SW 11TH. ST.~~	~~FT. LAUDERDALE, FL.~~
CRAMER, MIDGE	V	2100 S. Ocean Drive	Ft. Lauderdale, Fla.

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

MILLER, MARLE
1600 S ANDREWS AVE
FT LAUDERDALE, FL
33316

8 Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84 FL.

Zip Code 85

Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by resolution duly adopted by its board of directors on ______

I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 607.325 F.S.

SIGNATURE ______ (Registered Agent Accepting Appointment) DATE ______

If a foreign corporation, date first transacted business in Florida ______

See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath. (Officer or Director signing must be listed in Block 6.)

Signature [signature]

Date 2-10-88

Typed Name of Signing Officer or Director: Betty Berry

Title: President

Telephone Number: 355-5374

$5 Additional Fee Required for a

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

CORPORATION

ANNUAL REPORT

1989

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED,
AND
FILED

90 MAY -1 AM 10:08

OFFICE OF SECRETARY OF STATE
CORPORATION DIVISION

Filing Fee of $35 Required — Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

ZIP + 4

705164 2
BROWARD GENERAL MEDICAL CENTER AUXILIARY OF PORT
1600 S ANDREWS AVE
PT LAUDERDALE FLA 33316-2510

If above address is incorrect in any way enter the correct address in item 2. Include Zip Code

2 Enter Change of Address If Space Is Not Sufficient. Post Office P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3 Date Incorporated or Qualified To Do Business in Florida: 02/04/1963

4 Federal Employer Identification Number (FEIN): 59-0895145

5 Date of Last Report: 02/22/1988

6 Names and Street Addresses of Each Officer and Director, as of December 31, 1989

Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
V - D	Bracey Shirley ~~SHELEHAN, BOYCE~~	700 S. W. 18 St. ~~456 NW 96 AVENUE~~	Ft. Laud. Fla. ~~PLANTATION, FL~~
T - D	Kulzer, Dorothy ~~SYKES, HELEN~~	1 Las Olas Circle ~~2100 S OCEAN DR~~	FT LAUDERDALE, FL
V - D	JANSON, AUDREY	1016 MANGO ISLE	FT LAUDERDALE, FL
P - D	Clark, Helen ~~HENRY, BETTY, MRS.~~	2100 S. Ocean Dr. ~~1030 SE 11TH COURT~~	FT LAUDERDALE, FL
S - D	KONON, EVELYN C	1120 SW 31ST ST	FT LAUDERDALE, FL
V - D	KRAMER, MIDGE	2100 S OCEAN DR.	FT. LAUDERDALE, FL.

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

MILLER, MABLE
1600 S ANDREWS AVE
PT LAUDERDALE, FL
33316

remove

8 Name and Address of New Registered Agent

Name 81: Evelyn R. Konon ~~WILLIAM C. CRAMER~~

Street Address 1 (Do NOT Use P.O. Box Number) 82: ~~1000 SOUTH OCEAN DRIVE~~

Street Address 2 (Do NOT Use P.O. Box Number) 83: ~~APT 2000~~ 1600 S. Andrews Ave.

City and State 84: Ft. Lauderdale, FL.

Zip Code 85: ~~33316~~ 33316

9 Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The date of each change was authorized by resolution duly adopted by its board of directors on: 4-10-89

I hereby accept the [redacted] and accept the obligations of Section 607.325 F.S.

SIGNATURE [redacted] Evelyn R Konon DATE 4/10/89

Registered Agent Acceptance

10 If a foreign corporation, also list jurisdiction of incorporation

11 See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath
(Officer or Director signing must be listed in Block 6.)

Signature: Evelyn Konon

Date: 4-10-89

Typed Name of Signing Officer or Director: Evelyn Konon

Title: Secretary

Phone Number: 355-5374

12 Check if you desire a certificate of status (check the box)

CERTIFICATE OF STATUS DESIRED ☐

Certificate Fee Included

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

(15000756)

CORPORATION

ANNUAL REPORT

1990

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
1990 FEB 15 PM 12:17
FLORIDA DEPARTMENT OF STATE
CORPORATION DIVISION

Filing Fee of $35 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation's Principal Office

705164 2

ZIP + 4 PRESORT
BROWARD GENERAL MEDICAL CENTER AUXILIARY OF FORT
1600 S ANDREWS AVE
FT LAUDERDALE FLA 33316-2510

If above address is incorrect in any way, enter the correct address in item 2 — include Zip Code

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box number alone is NOT sufficient. The NAME of the corporation can be changed only by filing an amendment

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Incorporated or Qualified to Transact Business in Florida: 02/04/1963

4. FEI Number: 59-0895145

FEI Number Applied For
FEI Number Not Applicable

5. Give the Street Addresses of Each Officer and Director (Do not use any abbreviation longer than 4 letters to avoid over-extension of information.)

	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use P.O. Box Numbers)	City and State
V/D	~~BRACEY, SHIRLEY~~	~~700 SW 10 ST.~~	~~FT LAUDERDALE, FL~~
	Edie Eshleman	456 N. W. 95 Avenue	Plantation, Fla.
T/D	~~KOLZER, DOROTHY~~	~~[illegible]~~	~~FT LAUDERDALE, FL~~
	Edie Preston	4811 N. W. 8 Drive	Plantation, Fla.
V/D	~~JANSON, AUDREY~~	~~1016 MANGO ISLE~~	FT LAUDERDALE, FL
	Dorothy Bowen	1201 River Reach Drive	
P/D	~~CLARK, HELEN~~	~~2100 S OCEAN DR.~~	FT LAUDERDALE, FL
	Betty Berry	2100 S. Ocean Drive	
S/D	KONON, EVELYN	1120 SW 31ST ST	FT LAUDERDALE, FL
V/D	~~CRAMER, CLOSE~~	~~2100 S OCEAN DR.~~	FT. LAUDERDALE, FL.
	Barbara Kappitt	435 Hendricks Isle	

REGISTERED AGENT INFORMATION

6. Name and Address of Current Registered Agent

KONON, EVELYN R.
1600 S ANDREWS AVE.
FT LAUDERDALE, FL
33316

6. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Numbers) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84: FL

Zip Code 85

Subject to the provisions of Sections 607.034 and 607.337, Florida Statutes, the above named corporation, authorized under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

The above authorization by resolution duly adopted by its board of directors.

I hereby accept the appointment as registered agent with which I am familiar and agree to the requirements of Section 607.325 F.S.

SIGNATURE (Registered Agent Accepting Appointment) DATE

Under penalties of perjury, I declare that I have read the foregoing annual report or supplemental annual report, and that the facts stated herein are true, 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 607, F.S.

Evelyn Konon Date 2-1-90

Evelyn Konon Secretary 355-5374

Name and Office or Title of Authorized Person Signing

Area Code & Daytime Phone Number

$5 Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT

1991

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APR [illegible]
FL. DEPT. OF [illegible]
CORPORATION [illegible]
TALLAHASSEE, FL.
FILED

Read Instructions on Other Side Before Making Entries

FILING FEE OF $61.25 REQUIRED

DO NOT WRITE IN THIS SPACE

1 Name and Mailing Address of Corporation DOCUMENT #705164 (2)

ZIP + 4 PRESORT

PSC1407

BROWARD GENERAL MEDICAL CENTER AUXILIARY OF FORT LAUDERDALE, FLORIDA, INC.
1600 S ANDREWS AVE
FT LAUDERDALE FLA 33316-2510

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2 If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Street Address

22 P.O. Box No.

23 City and State

24 Zip Code

3 Date Incorporated or Qualified To Do Business in Florida: 02/04/1963

4 FEI Number: 59-0895145

FEI Number Applied For

FEI Number Not Applicable

5 $8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED

6 Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
V/D	~~ESHLEMAN, EDIE~~ Betty Edmondson	~~456 N.W. 95TH AVE.~~ 331 S. W. 74 Terrace	~~PLANTATION, FL~~ Ft. Laud, Fla.
T/D	PRESTON, EDIE	4811 N.W. 8 DRIVE	PLANTATION, FL
V/D	~~GREEN, DOROTHY~~ Bruce Green	~~1091 RIVER BEACH DRIVE~~ 1435 S. E. 15 Street	FT LAUDERDALE, FL
P/D	~~ESHLEMAN, EDIE~~ Edie Eshleman	~~2109 S. OCEAN DRIVE~~ 456 N. W. 95 Avenue	~~FT LAUDERDALE, FL~~ Plantation, Fla.
S/D	KONON, EVELYN	1120 SW 31ST ST	FT LAUDERDALE, FL
V/D	KAPPITT, BARBARA	435 HENDRICKS ISLE	FT. LAUDERDALE, FL.

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent:

KONON, EVELYN R.
1600 S ANDREWS AVE.
FT LAUDERDALE, FL
33316

8 Name and Address of New Registered Agent

81 Name

82 Street Address 1 (Do NOT Use P.O. Box Number)

83 Street Address 2 (Do NOT Use P.O. Box Number)

84 City FL. 85 Zip Code

9 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors.

I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

To the best of my knowledge and belief, the information contained on this annual report or reinstatement annual report is true and accurate and that my signature shall serve as my affirmation thereof. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that the name appears in Block 6 or on an attachment with any address.

SIGNATURE Evelyn Konon DATE 1-[illegible]

Evelyn Konon Secretary 305 355-5374

FILING FEE OF $61.25 REQUIRED – Make Checks Payable To: Secretary of State $8.75 Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT

1992

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FEB 17 92

APPROVED
SEC. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FLA.
FILED

DO NOT WRITE IN THIS SPACE

FILING FEE $61.25 Make Payable To: *Secretary of State*

1. Name and Mailing Address of Current Filing — DOCUMENT #705164 (2)

BROWARD GENERAL MEDICAL CENTER AUXILIARY OF FORT LAUDERDALE, FLORIDA, INC.
1600 S ANDREWS AVE
FORT LAUDERDALE FL 33316-2510

If address is incorrect in any way, line through the incorrect information and enter correct address in Block 2.

2. If Address in Block 1 is incorrect in any way, line through incorrect information and enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Mailing Address

22 P.O. Box No.

23 City and State | 24 Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 02/04/1963

3a. Date of Last Report: 02/06/1991

4. FEI Number: 59-0895145

FEI Number Applied For

FEI Number Not Applicable

5. $8.75

CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

1	2 Name of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
1 1a	V/D	~~EDMONDSON~~ ~~BETTY~~ MARY COST	~~33~~ ~~SW~~ ~~34~~ ~~TERRACE~~ 2100 S.Ocean Drive	FT LAUDERDALE, FLA
2 2a	T/D	PRESTON, EDIE	4811 N.W. 8 DRIVE	PLANTATION, FL
3 3a	V/D	~~GREEN~~ ~~BRUCE~~ PAT HINGEL	~~1435 SE 15 STREET~~ 1616 N.E. 34 Street	~~FT LAUDERDALE~~ ~~FLA~~ Oakland Park, Fla.
4 4a	P/D	~~EDMONDSON~~ ~~BOBBIE~~ BETTY EDMONDSON	~~450~~ ~~NW~~ ~~95~~ ~~AVENUE~~ 331 S.W. 74 Terrace	~~PLANTATION~~ ~~FLA~~ Ft. Lauderdale, Fla.
5 5a	S/D	KONON, EVELYN	1120 SW 31ST ST	FT LAUDERDALE, FL
6 6a	V/D	~~KARPATY~~ ~~BARBARA~~ TOM FITZGERALD	~~435~~ ~~HENDRICKS~~ ~~ISLE~~ 200 S. Birch Road	~~FT~~ ~~LAUDERDALE~~ ~~FLA~~ Ft. Lauderdale, Fla.

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

KONON, EVELYN R.
1600 S ANDREWS AVE.
FT LAUDERDALE, FL
33316

8. Name and Address of New Registered Agent

81 Name

82 Street Address 1 (Do NOT Use P.O. Box Number)

83 Street Address 2 (Do NOT Use P.O. Box Number)

84 City: FL. | 85 Zip Code

9. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. The above-named registered agent has familiarized with, and accepts the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

Registered Agent (if changing) (Required)

10. This corporation does not qualify for exemption tax under S. 193.022, Florida Statutes. Yes ☐ No ☒ (See other side for information on exemption tax.)

11. I hereby 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 607 or 617, Florida Statutes; and that I am familiar with the provisions of Florida Statutes pertaining to the penalty for filing false reports.

SIGNATURE Evelyn Konon DATE 2-12-92

EVELYN KONON | Secretary | (305) 355-5374

File Now. Filing Fee after May 1 is $225.00

ANNUAL REPORT
1993

DOCUMENT # 705164 (2)

BROWARD GENERAL MEDICAL CENTER AUXILIARY OF FORT LAUDERDALE, FLORIDA, INC.
1600 S ANDREWS AVE
FORT LAUDERDALE FL 33316-2510

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1963	3a. Date of Last Amendment: 02/17/1992
4. FEI Number: 590696145	
5. Certificate of Status Desired: ☐	$8.75
6. Electronic Filing Processing Trust Fund Contribution:	$5.00 May Be Added to Fees
7. Name not in accordance with FS 607.0401 Tax Exempt Status: X	$138.75 Supplemental Fee Not Required
8. Was corporation ever owned by a foreign entity? Foreign Status: ☐ Yes XX No	

FILING FEE $200.00 — ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE — MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

21 Mailing Address	26 Principle Place of Business
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

KONON, EVELYN R.
1600 S ANDREWS AVE.
FT LAUDERDALE, FL
33316

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL / 85 Zip Code / 86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1500 or Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits the statements for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS	13. OFFICERS AND DIRECTORS CHANGES
P/D EDMONDSON, BETTY 331 SW 74 TERRACE FT LAUDERDALE FL	P/D Edmondson, Betty 331 S. W. 74 Terrace Ft. Lauderdale, Fla.
T/D CLARK, HELEN 2100 S. OCEAN DRIVE FT. LAUDERDALE FL	T/D Clark, Helen 2100 S. Ocean Drive Ft. Laud. Fla
V/D HINGEL, PAT 1616 NE 34 STREET OAKLAND PARK FL	V/D Hingel, Pat 1616 N. E. Street Oakland Park, Fla.
V/D COST, MARY 2100 S. OCEAN DRIVE FT. LAUDERDALE FL	V/D Cost, Mary 2100 S. Ocean Drive Ft. Lauderdale, Fla.
S/D KONON, EVELYN 1120 SW 31ST ST FT LAUDERDALE FL	S/D Konon Evelyn 1120 S. W. 31 Street Ft. Lauderdale, Fla.
V/D FITZGERALD, TOM 200 S. BIRCH ROAD FT. LAUDERDALE FL	V/D Fitzgerald, Tom 200 Birch Road Ft. Lauderdale, Fla.

SIGNATURE Evelyn Konon

Evelyn Konon — Secretary — 305 355-5374

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1994

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 705164 (2)

BROWARD GENERAL MEDICAL CENTER AUXILIARY OF FORT LAUDERDALE FLORIDA INC.

1600 S ANDREWS AVE
FT LAUDERDALE FLA 33316

1600 S ANDREWS AVE
FT LAUDERDALE FLA 33316

300000314
-02/10/94--01065-
*****61.25 *****1.25

3. 02/04/1993
3a. 02/24/1993
4. FEI Number: 59-0695145
5. $8.75 Amount Enclosed
6. $5.00
7. [X]
8. [X]

9. Name and Address of Current Registered Agent

KONON, EVELYN R.
1600 S ANDREWS AVE.
FT LAUDERDALE, FL
33316

10. Name and Address of New Registered Agent

81 Name
82 Street Address, P.O. Box Number is not acceptable
83
84 City
FL 85

12.

P/D
EDMONDSON, BETTY
331 SW 74 TERRACE
FT LAUDERDALE FL
T/D
CLARK HELEN
2100 S. OCEAN DRIVE
FT LAUDERDALE FL
V/D
HINGEL, PAT
1616 NE 34 STREET
OAKLAND PARK FL
V/D
COST, MARY
2100 S. OCEAN DRIVE
FT. LAUDERDALE FL
S/D
KONON, EVELYN
1120 SW 31ST ST
FT LAUDERDALE FL
V/D
FITZGERALD, TOM
200 S. BIRCH ROAD
FT. LAUDERDALE FL

13.

P/D
Betty Berry
2100 S. Ocean Dr.
Apt. 7K
Ft. Lauderdale, Fla. 33316
V/D Edie Eshleman
456 N. W. 95 Ave.
Plantation, Fla. 33324
V/D Audrey Janson
1016 Mango Isle
Ft. Lauderdale, Fla.
V/D Betty Williams
1930 N. E. 2 Ave. #L216
Ft. Lauderdale, Fla. 33305
S/D Evelyn Konon
1120 S. W. 31 St.
Ft. Lauderdale, Fla. 33315
T/D Pat Hamilton
723 N. E. 18 Ave.
Ft. Lauderdale, Fla. 33304

SIGNATURE: Evelyn Konon 2/2/94 305-359-5376

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

1995

DOCUMENT # 705164 (2)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:15

DO NOT WRITE IN THIS SPACE

Principal Address	Mailing Address
1600 S ANDREWS AVE FT LAUDERDALE FL 33316	1600 S ANDREWS AVE FT LAUDERDALE FL 33316

3. Date Incorporated or Qualified: 02/04/1963
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-0895145
Applied For / Not Applicable

5. Certificate of Status Desired	☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	☐	$5.00 May Be Added to Fee
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes	☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KONON, EVELYN R. 1600 S ANDREWS AVE. FT LAUDERDALE, FL FT.LAUDERDALE FL 33316	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (NEW REGISTERED AGENT IF AGENT IS CHANGING) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
PD BETTY BERRY 2100 S. OCEAN DR FT LAUDERDALE FL 33316	41 TITLE P/D ☒ Change ☐ Add/Delete 42 NAME Edie Eshleman 43 STREET ADDRESS 456 N. W. 95 Ave. 44 CITY-ST-ZIP Plantation, Fla. 33324
VD EDIE ESHLEMAN, HELEN 456 N. W. 95 AVE PLANTATION FL 33324	21 TITLE V/D ☒ Change ☐ Add/Delete 22 NAME Dorothy Miller 23 STREET ADDRESS 1701 S. W. 14 Court 24 CITY-ST-ZIP Ft. Lauderdale, Fla. 33312
VD AUDREY JANSON 1016 MANGO ISLE FT.LAUDERDALE FL 33305	31 TITLE V/D ☐ Change ☐ Add/Delete 32 NAME Audrey Janson 33 STREET ADDRESS 1016 Mango Isle 34 CITY-ST-ZIP Ft. Lauderdale, Fla. 33315
VD BETTY WILLIAMS 1930 NE 2AVE L216 FT. LAUDERDALE FL 33305	41 TITLE V/D ☒ Change ☐ Add/Delete 42 NAME Geri Cook 43 STREET ADDRESS 8001 N. W. 47 Court 44 CITY-ST-ZIP Lauderhill, Fla. 33351
SD EVELYN KONON 1120 SW 31 ST FT LAUDERDALE FL 33315	51 TITLE S/D ☒ Change ☐ Add/Delete 52 NAME Betty Williams 53 STREET ADDRESS 1930 N. E. 2 Ave. #L216 54 CITY-ST-ZIP Ft. Lauderdale, Fla. 33305
T/D PAT HAMILTON 723 NE 18 AVE FT. LAUDERDALE FL 33304	61 TITLE T/D ☐ Change ☐ Add/Delete 62 NAME Pat Hamilton 63 STREET ADDRESS 723 N. E. 18 Ave. 64 CITY-ST-ZIP Ft. Lauderdale, Fla. 33304

14. To the best of my knowledge, the information contained herein is accurate and this report for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Evelyn Konon 1/12/95 305-355-5374
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)