2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State
01-29-2003 90146 037 ****61.25

DOCUMENT # 705164

1. Entity Name

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

Principal Place of Business	Mailing Address
1600 S ANDREWS AVE FT LAUDERDALE FL 33316	1600 S ANDREWS AVE FT LAUDERDALE FL 33316

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0895145 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DUBERGER, LYNNE 5346 SW 32 TERRACE FORT LAUDERDALE FL 33312	Name ANN Hochstrasser Street Address (P.O. Box Number is Not Acceptable) 2709 NE 26 AVE ~~Ft Lauderdale FL~~ City Ft. Lauderdale FL Zip Code 33306

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ann R Hochstrasser President 1-16-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DUBERGER, LYNNE 5346 SW 32 TERRACE FORT LAUDERDALE FL 33312	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Ann Hochstrasser 2709 NE 26 Ave Fort Lauderdale Fl 33306	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KIHL, CLARA 900 SW 12 STREET #314 FT. LAUDERDALE FL 33315	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Virginia Peterson 1650 S.W. 22 Ave Ft Lauderdale Fl 33312	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HOCHSTRASSER, ANN 2709 NE 26 AVE FORT LAUDERDALE FL 33306	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Dorothy Bowen 1000 River Reach Drive #120 Ft. Lauderdale Fl 33315	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP OUTLAW, CHRISTINE 620 SW 7TH AVE FT LAUDERDALE FL 33316	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Christine Outlaw 620 S.W. 7th Ave. Ft. Lauderdale, FL 33316	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HAMILTON, PAT 723 NE 18TH AVE FT. LAUDERDALE FL 33315	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Pat Hamilton 723 NE 18th Ave Ft Lauderdale, FL 33315	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DOUGHERTY, PAT 3500 SW 117 AVE DAVIE FL 33330	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Pat Dougherty 3500 SW 117 Ave Davie FL 33330	☐ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ann R Hochstrasser ANN R Hochstrasser 1/16/03
Lynne DuBerger Lynne DuBerger 1/16/03 954 355 5374