

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

EPDVNF0U\$ 706146 2/ Entity Name MEMORIAL HOSPITAL AUXILIARY, INC.			
Principal Place of Business 4612111 OIPOTUSFFU 1 PNDXFFE/GM4413211111VT		Mailing Address 4612111 OIPOTUSFFU 1 PNDXFFE/GM4413211111VT	
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 59-6018362		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REINMUND, DAVID DVS 3501 JOHNSON ST HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>D.P. Reinmund</i> Signature, typed or printed name of registered agent and title if applicable		DATE <i>4/25/06</i> (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARTLEY, CAROL 3501 JOHNSON ST HOLLYWOOD, FL 33021 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3VP GAIL KRASNOW 3501 JOHNSON ST HOLLYWOOD FL 33021 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP President REYDEL, MARGARET 3501 JOHNSON ST HOLLYWOOD, FL 33021 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONTS, KYRIL 3501 JOHNSON STREET HOLLYWOOD, FL 33021 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAMEY, LYNN 3501 JOHNSON ST HOLLYWOOD, FL 33021 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100074326191 05/10/06--01009-013 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'CONNOR, LORRAINE 3501 JOHNSON ST. HOLLYWOOD, FL 33021 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HELEN DANKO T ☐ Change ☒ Addition 3501 JOHNSON ST Hollywood, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAUGHTON, FAITH 3501 JOHNSON ST HOLLYWOOD, FL 33021 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAT Riggio ☐ Change ☒ Addition 3501 JOHNSON ST HOLLYWOOD 33021
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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: <i>D.P. Reinmund</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <i>4/25/06</i> 954-985-5940. Date Daytime Phone #	

FILED

06 APR 28 AM 9:41

RECEIVED
STATE
HALLWAY OFFICE, FLORIDA

04242006 Di h.OQ DS3F148 J22016*

4. FEI Number
59-6018362Applied For
Not Applicable5. 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

REINMUND, DAVID DVS
3501 JOHNSON ST
HOLLYWOOD, FL 33021

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 20069. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesState 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
P
BARTLEY, CAROL
3501 JOHNSON ST
HOLLYWOOD, FL 33021 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3VP
GAIL KRASNOW
3501 JOHNSON ST
HOLLYWOOD FL 33021 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP President
REYDEL, MARGARET
3501 JOHNSON ST
HOLLYWOOD, FL 33021 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MONTS, KYRIL
3501 JOHNSON STREET
HOLLYWOOD, FL 33021 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
LAMEY, LYNN
3501 JOHNSON ST
HOLLYWOOD, FL 33021 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100074326191
05/10/06--01009-013 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
O'CONNOR, LORRAINE
3501 JOHNSON ST.
HOLLYWOOD, FL 33021 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HELEN DANKO T ☐ Change ☒ Addition
3501 JOHNSON ST
Hollywood, FL 33021TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HAUGHTON, FAITH
3501 JOHNSON ST
HOLLYWOOD, FL 33021 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
PAT Riggio ☐ Change ☒ Addition
3501 JOHNSON ST HOLLYWOOD 33021

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #