

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706146

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: MEMORIAL HOSPITAL AUXILIARY, INC.

## Current Principal Place of Business:

3501 JOHNSON STREET  
HOLLYWOOD, FL 33021 US

## New Principal Place of Business:

## Current Mailing Address:

3501 JOHNSON STREET  
HOLLYWOOD, FL 33021 US

## New Mailing Address:

FEI Number: 59-6018362

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REINMUND, DAVID DVS  
3501 JOHNSON ST  
HOLLYWOOD, FL 33021 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PE ( ) Delete  
Name: KRASNOW, GAIL  
Address: 3501 JOHNSON ST  
City-St-Zip: HOLLYWOOD, FL 33021

Title: P ( ) Delete  
Name: LAMEY, LYNN  
Address: 3501 JOHNSON ST  
City-St-Zip: HOLLYWOOD, FL 33021

Title: 1VP ( ) Delete  
Name: MULEANY, ANN  
Address: 3501 JOHNSON STREET  
City-St-Zip: HOLLYWOOD, FL 33021

Title: 2VP ( ) Delete  
Name: LAMEY, LYNN  
Address: 3501 JOHNSON ST  
City-St-Zip: HOLLYWOOD, FL 33021

Title: T (X) Delete  
Name: BARTLEY, CAROL  
Address: 3501 JOHNSON ST.  
City-St-Zip: HOLLYWOOD, FL 33021

Title: 1VP (X) Delete  
Name: RIGGIO, PAT  
Address: 3501 JOHNSON ST  
City-St-Zip: HOLLYWOOD, FL 33021

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: KRASNOW, GAIL  
Address: 3501 JOHNSON ST  
City-St-Zip: HOLLYWOOD, FL 33021

Title: PE (X) Change ( ) Addition  
Name: RIGGIO, PAT  
Address: 3501 JOHNSON ST  
City-St-Zip: HOLLYWOOD, FL 33021

Title: 1VP (X) Change ( ) Addition  
Name: MOOS, BARBARA  
Address: 3501 JOHNSON STREET  
City-St-Zip: HOLLYWOOD, FL 33021

Title: TREA (X) Change ( ) Addition  
Name: BARTLEY, CAROL  
Address: 3501 JOHNSON ST  
City-St-Zip: HOLLYWOOD, FL 33021

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL BARTLEY

T

04/28/2009

Electronic Signature of Signing Officer or Director

Date