

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706146

FILED
Feb 16, 2010
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: PRES
Name: RIGGIO, PAT
Address: 3501 JOHNSON ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: PE
Name: MOOS, BARBARA
Address: 3501 JOHNSON ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: 1VP
Name: SILVER, MARCIA
Address: 3501 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: TREA
Name: BARTLEY, CAROL
Address: 3501 JOHNSON ST
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID REINMUND

DIR

02/16/2010

Electronic Signature of Signing Officer or Director

Date