

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90014 028 ****61.25

DOCUMENT # 724553 1. Entity Name IMPERIAL POINT HOSPITAL AUXILIARY, INC.					
Principal Place of Business 6401 N. FEDERAL HWY FT LAUDERDALE, FL 33308			Mailing Address 6401 N. FEDERAL HWY FT LAUDERDALE, FL 33308		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1844069 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03312008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent GRANDFIELD, JOSEPH P IMPERIAL POINT HOSPITAL AUXILIARY 6401 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308			7. Name and Address of New Registered Agent Name ELDEN J. JOHNSON Street Address (P.O. Box Number is Not Acceptable) IMPERIAL POINT HOSPITAL AUX 6401 N. Federal Hwy City Ft. Lauderdale FL Zip Code 33308		
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>Elden J. Johnson</i> DATE 4-03-2008 <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 KEEGEN, JOCELYN 278 SE 4TH AVE POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ATD GRANDFIELD, JOSEPH 5144 NW 11TH DRIVE POMPANO BEACH, FL 33064	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JOHNSON, ELDEN 106 LAKE EMERALD DRIVE OAKLAND PARK, FL 33309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WARD, MARIE 2430 DEER CREEK CC BOULEVARD DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP INGLIS, LUARA 3472 NE 18TH AVE OAKLAND PARK, FL 33306	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	YP RICHARD L. HERTAN 2864 NE 26TH ST FT. LAUDERDALE FL 33305 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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>Jocelyn Keegan</i> Jocelyn Keegan			Date 4-7-08 Daytime Phone # 954 776 8510		