

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732358 (7)
1. Corporation Name
VOLUNTEER SERVICE AUXILIARY OF HOLLYWOOD MEDICAL CENTER, INC.



Principal Place of Business Mailing Address
**C/O HOLLYWOOD MEDICAL CENTER, INC.
3600 WASHINGTON STREET
HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified **03/31/1975** 3a. Date of Last Report **02/22/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	59-1632083	Not Applicable
23	City & State	City & State	28	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Country	29	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25			30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CTI SYSTEMS CORP.
1720 HARRISON ST 7TH FLOOR
TALLAHASSEE FL**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONICO, DEE	1.2 NAME	DR BEVERLY BRILL
STREET ADDRESS	1000 SW 128 TERR	1.3 STREET ADDRESS	1400 S OCEAN DRIVE
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	HOLLYWOOD FL 33019
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWEN, ANITA	2.2 NAME	DEE MONICO
STREET ADDRESS	4111 JOHNSON ST	2.3 STREET ADDRESS	1000 S.W. 128 TERRACE
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	PEMBROKE PINES FL 33027
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILES, ALLES	3.2 NAME	LUCILLE THOMAS
STREET ADDRESS	3198 SHERIDAN LN	3.3 STREET ADDRESS	13101 SW 15 COURT
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	PEMBROKE PINES FL 33027
TITLE	RSD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBERG, CELIA	4.2 NAME	
STREET ADDRESS	1000 SW 125 TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	4.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, ASENATH JAY	5.2 NAME	CELIA ROSENBERG
STREET ADDRESS	471 IVES DAIRY ROAD	5.3 STREET ADDRESS	1000 SW 128 TERRACE
CITY-ST-ZIP	N MIAMI BEACH FL	5.4 CITY-ST-ZIP	PEMBROKE PINES FL 33027
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dee Monica **3/2/96** **966-4500 Ext 5236**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)