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Feb 23, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732358

1. Corporation Name
VOLUNTEER SERVICE AUXILIARY OF HOLLYWOOD MEDICAL CENTER, INC.

Principal Place of Business 3600 WASHINGTON STREET HOLLYWOOD FL 33021 US	Mailing Address 3600 WASHINGTON STREET HOLLYWOOD FL 33021 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/31/1975
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1632083
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	30 Country
25	29	30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees

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 type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, ASENATH J.		1.2 NAME				
STREET ADDRESS	471 IVES DAIRY ROAD		1.3 STREET ADDRESS				
CITY-ST-ZIP	NORTH MIAMI BEACH FL		1.4 CITY-ST-ZIP				
TITLE	DVP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change		<input type="checkbox"/> Addition
NAME	HAZELTON, FREDERICA		2.2 NAME	BERDA WEISMAN			
STREET ADDRESS	555 S. LUNA COURT		2.3 STREET ADDRESS	2802 N. 46 AV 3415			
CITY-ST-ZIP	HOLLYWOOD FL 33021		2.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021			
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTAS, SHIRLEY		3.2 NAME				
STREET ADDRESS	2201 N. 51ST AVENUE		3.3 STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33021		3.4 CITY-ST-ZIP				
TITLE	TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD	<input checked="" type="checkbox"/> Change		<input type="checkbox"/> Addition
NAME	ROSENBERG, CELIA		4.2 NAME	RAMON CESTA			
STREET ADDRESS	1000 SW 128TH TERR		4.3 STREET ADDRESS	709 S. HIGHLANDS DR			
CITY-ST-ZIP	PEMBROKE PINES FL		4.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021			
TITLE	DCS	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	DCS	<input checked="" type="checkbox"/> Change		<input type="checkbox"/> Addition
NAME	LAZARUS, RUTH		5.2 NAME	MARIAM LEPAED			
STREET ADDRESS	4200 HILLCREST		5.3 STREET ADDRESS	6225 TAYLOR ST.			
CITY-ST-ZIP	HOLLYWOOD FL 33021		5.4 CITY-ST-ZIP	HOLLYWOOD, FL 33024			
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D	<input checked="" type="checkbox"/> Change		<input type="checkbox"/> Addition
NAME	AUGUST, HELEN		6.2 NAME	FREDERICA HAZELTON			
STREET ADDRESS	2816 NORTH 46TH AVENUE		6.3 STREET ADDRESS	555 S. LUNA CT.			
CITY-ST-ZIP	HOLLYWOOD FL 33021		6.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Ramon Cesta RAMON CESTA 1/5/99 (954)961-2329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)