FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

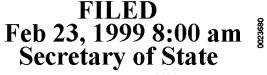
DOCUMENT # 732358

VOLUNTEER SERVICE AUXILIARY OF HOLLYWOOD MEDICAL CENTER, INC.

Principal Place of Business	i
3600 WASHINGTON STREET HOLLYWOOD FL 33021	
HOLLINGOD PE 33021	

Mailing Address

3600 WASHINGTON STREET



02-23-1999 90033 017 ****61.25

HOLLYWOOD FL 33021 US	HOLLYWOOD FL 33021 US		1,000) 10,000 11/10 11,000 11/10 10/10 10/10 10/11 10/11 10/11 10/11 10/11 10/11 10/11 10/11 10/11			
			***	- -		
2. Principal Place of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 03/31/1975	,		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For		
22	27		59-1632083	Not Applicable		
City & State	City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Zip Country	Zip 34	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
		81 Name				
CTI SYSTEMS CORP. 1720 HARRISON ST 7TH FLOOR			82 Street Address (P.O. Box Number is Not Acceptable)			
TALLALIA COCE EL		83				

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.

City

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SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable (NOTE: R	egistered Agent signature r	required when reinstating) DATE	 		
12.	OFFICERS AND DIREC		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	DP	DELETE	1,1 TITLE	3 4	Change	Addition	
NAME	ROSEN, ASENATH J.		1.2 NAME	' a	•		
STREET ADDRESS	471 IVES DAIRY ROAD		1.3 STREET ADORESS				
CITY-ST-ZIP	NORTH MIAMI BEACH FL		1.4 CITY-ST-ZIP			·	
TITLE	DVP	DELETE	2.1 TITLE	DVP.	Z Change	. Addition	
1144 IF	HAZELTON, FREDERICA		2.2 NAME	BERDA WEISMAN			
STREET ADDRESS	555 S. LUNA COURT		2.3 STREET ADDRESS	2802 N. 46 AV B415			
CITY-ST-ZIP	HOLLYWOOD FL 33021		2.4 CITY-ST-ZIP	HOLLYWOOD, F1. 3302	- (
TITLE	SD	☐ DELETE	3.1 TITLE	1	☐ Change	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	DELETE	4.1 TITLE	TD	: Change	Addition	
NAME	ROSENBERG, CELIA		4. 2 NAME	RAMON CESTA	12		
STREET ADDRESS	1000 SW 128TH TERR		4.3 STREET ADDRESS	709 S. HIGHLANDS U	~ .		
CITY-ST-ZIP	PEMBROKE PINES FL		4.4 CITY-ST-ZIP	HO 117 WOOD, 171. 330	<u> </u>		
TITLE	DCS	DELETE	5.1 TITLE	UCS	Change	Addition	
NAME	LAZARUS, RUTH		5.2 NAME	MARIAM LEPARD			
STREET ADDRESS	4200 HILLCREST		5.3 STREET ADORESS		-		
CITY-ST-ZIP	HOLLYWOOD FL 33021		5.4 CITY-ST-ZIP	HOLLYWOOD, FI 336			
TITLE	D	⊿ ∂ÉLETE	6.1 TITLE	D	Change	☐ Addition	
NAME	AUGUST, HELEN		6.2 NAME	FREDERICH HAZELT	1914		
STREET ADDRESS	2816 NORTH 46TH AVENUE		6.3 STREET ADDRESS	555 5, LUNA CT.		į	
CITY-ST-ZIP	HOLLYWOOD FL 33021		6.4 CITY-ST-ZIP	HOILYWOOD, F1 330	92/		

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.

Zip Code

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