

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/12/2005-90139-036-\$61.25-\$61.25

DOCUMENT # 732358

1. Entity Name
VOLUNTEER SERVICE AUXILIARY OF HOLLYWOOD MEDICALCENTER, INC.



FILED

05 JUN 17 PM 4:45

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
 3600 WASHINGTON STREET
 HOLLYWOOD, FL 33021 US

Mailing Address
 3600 WASHINGTON STREET
 HOLLYWOOD, FL 33021 US

2. Principal Place of Business

3. Mailing Address

Subs. Apt. #, etc.

Subs. Apt. #, etc.

01072005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
 59-1632083

Applied For
 Not Applicable

Zip

Country

Zip

Country

8. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **RAMON CESTA**

Street Address (P.O. Box Number is Not Acceptable)

709 S. HIGHLANDS DR.

City **HOLLYWOOD, FL. FL** Zip Code **33021**

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: *Ramon Cesta*

6-15-05

Signature, typed or printed name of registered agent and title if appropriate. (NOTE: Registered Agent signature required when withdrawing)

DATE

Filing Fee is \$61.25
 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Makes check payable to Florida Department of State

*one change
 these are still correct*

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP BONACCORSI, DORIS 801 SW 138 AVE., #412 PEMBROKE PINES, FL 33027	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP AJ ROSEN 3200 N. HIGHLANDS DR. APT 103 HOLLYWOOD, FL 33001	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DVP MULCAHY, ARIM 2837 PIERCE ST. #5 HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD COSTAS, SHIRLEY 2201 N. 51ST AVENUE HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T CESTA, RAMON P 709 S. HIGHLANDS DR. HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DC9 SUSSMAN, ESTELLE 919 HILLCREST DR. 701 HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D KAHANE, JOSEPH 4350 HILLCREST DR. #302 HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 fees empowered.

SIGNATURE: *Ramon Cesta, Treas. Ramon Cesta* 4-6-05 954-9612328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #