

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732358

FILED
Apr 03, 2006
Secretary of State

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

Current Principal Place of Business:

3600 WASHINGTON STREET
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

Current Mailing Address:

3600 WASHINGTON STREET
HOLLYWOOD, FL 33021 US

New Mailing Address:

FEI Number: 59-1632083 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CESTA, RAMON
709 S HIGHLANDS DR
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ROSISH, AJ
Address: 3900 N. HILES ROAD, APT 103
City-St-Zip: HOLLYWOOD, FL 33001

Title: DVP () Delete
Name: MULCAHY, ARIM
Address: 2837 PIERCE ST. #5
City-St-Zip: HOLLYWOOD, FL 33020

Title: SD () Delete
Name: COSTAS, SHIRLEY
Address: 2201 N. 51ST AVENUE
City-St-Zip: HOLLYWOOD, FL 33021

Title: T () Delete
Name: CESTA, RAMON P
Address: 709 S. HIGHLANDS DR.
City-St-Zip: HOLLYWOOD, FL 33021

Title: DCS () Delete
Name: SUSSMAN, ESTELLE
Address: 919 HILLCREST DR. 701
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: KAHANE, JOSEPH
Address: 4350 HILLCREST DR, #302
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ROSEN, AJ
Address: 3900 N. HILLS ROAD, APT 103
City-St-Zip: HOLLYWOOD, FL 33001

Title: DVP (X) Change () Addition
Name: MULCAHY, ANN
Address: 2837 PIERCE ST. #5
City-St-Zip: HOLLYWOOD, FL 33020

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMON P. CESTA

T

04/03/2006

Electronic Signature of Signing Officer or Director

Date