

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732358

FILED  
Feb 16, 2010  
Secretary of State

**Entity Name:** MEMORIAL REGIONAL HOSPITAL SOUTH AUXILIARY, 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:**

BARTLEY, CAROL A  
3600 WASHINGTON STREET  
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: P  
Name: RIGGIO, PATRICIA  
Address: 3501 JOHNSON ST  
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: PE  
Name: MOOS, BARBARA  
Address: 3501 JOHNSON ST  
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: 1VP  
Name: SILVER, MARCIA  
Address: 3501 JOHNSON ST  
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: T  
Name: BARTLEY, CAROL A  
Address: 3600 WASHINGTON STREET  
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: SEC  
Name: WINTERS, PAULA  
Address: 3501 JOHNSON ST  
City-St-Zip: HOLLYWOOD, FL 33021 US

I hereby 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 all other like empowered.

SIGNATURE: DAVID REINMUND

DIR

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date