2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

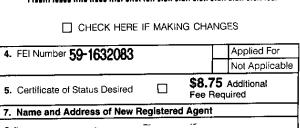
DOCUMENT # 732358



1. Entity Name VOLUNTEER SERVICE AUXILIARY OF HOLLYWOOD MEDICAL CENTER, INC. Mailing Address Principal Place of Business 3600 WASHINGTON STREET 3600 WASHINGTON STREET HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 59-1632083 City & State City & State Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name CTI SYSTEMS CORP. Street Address (P.O. Box Number is Not Acceptable) 1720 HARRISON ST 7TH FLOOR TALLAHASSEE FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be

FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90257 005 ****61.25



DATE

FL

Zip Code

Trust Fund Contribution.

Make Check Payable to Florida Department of State

•*					, 131123 - 34		
10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	DP	☐ Delete	TITLE	ADELE BER	RENSON	Change	☐ Addition
NAME	ROSEN, ASENATH J.		NAME	1000 S. Hills	<u> </u>	2.00	
STREET ADDRESS	471 IVES DAIRY ROAD		STREET ADDRESS			•	
CITY-ST-ZIP	NORTH MIAMI BEACH FL		CITY-ST-ZIP	Hollywoo			-
TITLE	DVP	☐ Delete	TITLE	1205BN, ASI	enah, J	🔀 Change	Addition
NAME	WEISMAN, BERDA		NAME	3900 N	HILLS Rd #	109	
	2802 NORTH 46TH AVE. #B-415		STREET ADDRESS	Hollywood	F(3382	·1 `	
CITY-ST-ZIP	HOLLYWOOD FL 33021		CITY-ST-ZIP	HG100001	- · · · · · · · · · · · · · · · · · · ·		
TITLE	SD	Delete	TITLE	- Special Comment	· · · · · ·	_ Change	Addition
NAME	COSTAS, SHIRLEY		NAMÉ	same			
STREET ADDRESS	2201 N. 51ST AVENUE		STREET ADDRESS	>HME			'
CITY-ST-ZIP	HOLLYWOOD FL 33021		CITY-ST-ZIP		- <u>-</u> -		
TITLE	T	Delete	TITLE	CESTA, IRA	mon P	Change	☐ Addition
NAME	BERENSON, ADELE		NAME	7095.416	HLANDS (? ₹ -	
STREET ADDRESS	1000 S HILLCREST CT #309		STREET ADDRESS	Hallywood			
CITY-ST-ZIP	HOLLYWOOD FL 33021		CITY-ST-ZIP				
TITLE	DCS	☐ Delete	TITLE	SUSSMEN, E	sterte	🔀 Change	☐ Addition
NAME	LEPARD, MARIAN		NAME	919 HILLE	rest or 7	7Ð1	
	6225 TAYLOR STREET		STREET ADDRESS	HOLLYWOO	-	-	
CITY-ST-ZIP	HOLLYWOOD FL 33024		CITY-ST-ZIP				
TITLE	D	Delete	TITLE	FAHANE,			Addition
NAME	CESTA, RAMON		NAME	4350 Hille			
STREET ADDRESS	709 S HIGH LANDS DR		STREET ADDRESS	HO (14 WOOD)	F(3302	-1	
CITY-ST-ZIP	HOLLYWOOD FL 33021		CITY-ST-ZIP	,	- •		

12. 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 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 like empowered.

SIGNATURE:

Mamon P. CESTH