FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 23 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

2/24/99 9:37 DLG $61.25

DOCUMENT # 732710

1. Corporation Name
VENCOR HOSPITAL AUXILIARY, INC.

Principal Place of Business
1859 VAN BUREN STREET
HOLLYWOOD FL 33020

Mailing Address
1859 VAN BUREN STREET
HOLLYWOOD FL 33020

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

3. Date Incorporated or Qualified: 05/08/1975
4. FEI Number: 23-7291989 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
LIPTON, IDA
2221 N. 41ST AVE.
HOLLYWOOD FL

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P / T ☐ DELETE	1.1 TITLE	PRESIDENT / TRUSTEE ☐ Change ☐ Addition
NAME	LIPTON, ED MR.	1.2 NAME	
STREET ADDRESS	2221 N 41ST AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL - 33021	1.4 CITY-ST-ZIP	
TITLE	TD / T ☐ DELETE	2.1 TITLE	TREASURER / TRUSTEE ☐ Change ☐ Addition
NAME	LIPTON, ED MRS	2.2 NAME	
STREET ADDRESS	2221 N 41ST AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL - 33021	2.4 CITY-ST-ZIP	
TITLE	VD ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JACOBS, MINNIE	3.2 NAME	
STREET ADDRESS	900 NE 12TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	3.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	4.1 TITLE	RECORDING SECRETARY ☒ Change ☐ Addition
NAME	ZOLVIC, RUBY	4.2 NAME	ZOLVIC, RUBY
STREET ADDRESS	~~3008 JACKSON ST.~~	4.3 STREET ADDRESS	420 N.E. 12TH AVE
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	RS / T ☐ DELETE	5.1 TITLE	VICE PRESIDENT / TRUSTEE ☒ Change ☐ Addition
NAME	FRANCO, ALICE	5.2 NAME	FRANCO, ALICE
STREET ADDRESS	1333 E. HALLANDALE BEACH BLVD.	5.3 STREET ADDRESS	1333 E. HALLANDALE BEACH BLVD
CITY-ST-ZIP	HALLANDALE FL	5.4 CITY-ST-ZIP	HALLANDALE - 33009
TITLE	☐ DELETE	6.1 TITLE	CORRESPONDING SECRETARY ☐ Change ☒ Addition
NAME		6.2 NAME	MARY LOWRIE
STREET ADDRESS		6.3 STREET ADDRESS	607 S. 28TH AVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	HOLLYWOOD, FL 33020

14. 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.

SIGNATURE: SIGNATURE REQUIRED — Tres. — 926-9000
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)