

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732710

1. Entity Name

VENCOR HOSPITAL AUXILIARY, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90174 033 ****61.25

A0008868



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1859 VAN BUREN STREET
HOLLYWOOD FL 33020

1859 VAN BUREN STREET
HOLLYWOOD FL 33020-5127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7291989

Applied For

Not Applicable

Zip

Country

Zip

Country

5. 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

LIPTON, IDA
2221 N. 41ST AVE.
HOLLYWOOD FL

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PT ☐ Delete
NAME LIPTON, ED MR.
STREET ADDRESS 2221 N 41ST AVE
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TT ☐ Delete
NAME LIPTON, ED MRS
STREET ADDRESS 2221 N 41ST AVE
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE RS ☐ Delete
NAME ZOLVIC, RUBY
STREET ADDRESS 420 N.E. 12TH AVENUE
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPT ☐ Delete
NAME FRANCO, ALICE
STREET ADDRESS 1333 E. HALLANDALE BEACH BLVD.
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CS ☐ Delete
NAME LOWRIE, MARY
STREET ADDRESS 607 S. 28TH AVENUE
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

EDWARD LIPTON

Edward Lipton 1/12/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)