FILED 2002 UNIFORM BUSINESS REPORT (UBR) Feb 20, 2002 8:00 am DOCUMENT # **732710 Secretary of State** 1. Entity Name 02-20-2002 90171 016 ****66.25 VENCOR HOSPITAL AUXILIARY, INC. Principal Place of Business Mailing Address 859 VAN BUREN STREET 1859 VAN BUREN STREET HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address egis in a service and a service of the service of t Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 23-7291989 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LIPTON, IDA 2221 N. 41ST AVE. HOLLYWOOD FL City Zip Code 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. IGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing 3 Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE Change ☐ Addition ME LIPTON, ED MR. NAME REET ADDRESS STREET ADDRESS 2221 N 41ST AVE CITY-ST-ZIP TY-ST-ZIP HOLLYWOOD FL 33021 įLΕ ☐ Delete TITLE ☐ Change ☐ Addition ME LIPTON, ED MRS REET ADDRESS STREET ADDRESS 2221 N 41ST AVE ry-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete TITLE ☐ Change ☐ Addition ZOLVIC, RUBY NAME 420 N.E. 12TH AVENUE STREET ADDRESS REET ADDRESS Y-ST-ZIP CITY-ST-7IP HALLANDALE FL 33009 ☐ Change Addition ☐ Delete TITLE FRANCO, ALICE ΜE NAME STREET ADDRESS JEET ADDRESS 1333 E. HALLANDALÉ BEACH BLVD. CITY-ST-ZIP Y-ST-ZIP HALLANDALE FL 33009 -TITLE ☐ Addition Delete. LOWRIE, MARY NAME STREET ADDRESS REFT ADDRESS 607 S. 28TH AVENUE -ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020

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.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

GNATURE:

EET ADDRESS

-ST-ZIP

SIGNATURE REQUIR

☐ Delete

CRZE037 (9/01

Change

☐ Addition