

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732710

Entity Name: VENCOR HOSPITAL AUXILIARY, INC.

FILED
Apr 19, 2004
Secretary of State

Current Principal Place of Business:

1859 VAN BUREN STREET
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

1859 VAN BUREN STREET
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 23-7291989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPTON, IDA
2221 N. 41ST AVE.
HOLLYWOOD, FL 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: PT () Delete
Name: WEILLER, EDUIS
Address: 20191 E. COUNTRY CLUB DRIVE, #1909
City-St-Zip: ADVENTURA, FL 33180

Title: TTD () Delete
Name: LIPTON, ED MRS,
Address: 2221 N 41ST AVE
City-St-Zip: HOLLYWOOD, FL 33021

Title: ST () Delete
Name: MACIEJEWSKI, AUDREY
Address: 219 NE 14TH AVE., #206
City-St-Zip: HALLANDALE, FL 33009

Title: VPT () Delete
Name: CHARLES, LIBBY
Address: 8600 MYSTEC POINTE DRIVE, #1706
City-St-Zip: ADVENTURA, FL 33180

Title: CS () Delete
Name: LOWRIE, MARY
Address: 607 S. 28TH AVENUE
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: IDA LIPTON

TTD

04/19/2004

Electronic Signature of Signing Officer or Director

Date