

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90045 043 ****61.25

DOCUMENT # 732710

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

23-7291989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. 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)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete
NAME WEILLER, EDUIS
STREET ADDRESS 20191 E. COUNTRY CLUB DRIVE, #1909
CITY-ST-ZIP ADVENTURA FL 33180

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

TITLE ST ☐ Delete
NAME MACIEJEWSKI, AUDREY
STREET ADDRESS 219 NE 14TH AVE., #206
CITY-ST-ZIP HALLANDALE FL 33009

TITLE VPT ☐ Delete
NAME CHARLES, LIBBY
STREET ADDRESS 8600 MYSTEC POINTE DRIVE, #1706
CITY-ST-ZIP ADVENTURA FL 33180

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

IDA Lipton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #