

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-11-2003 90130 021 ****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

4. FEI Number **APPLIED FOR**
23-7291989

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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. 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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
EDUIS WEILLER
20191 E COUNTRY CLUB DRIVE #1909
ADVENTURA, FL 33180** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
AUOREY MACIEJEWSKI
219 NE 14TH AVE #206
HALLANDALE FL 33009** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
LIBBY CHARLES
8600 MYSTEC POINTE DR #1706
ADVENTURA FL 33180** ☐ Change ☒ Addition

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

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

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:

SIGNATURE OF REGISTERED AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)