FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **736146** **(2)**

1. Corporation Name

NORTH RIDGE GENERAL HOSPITAL AUXILIARY, INC.

Principal Place of Business	Mailing Address
% CORPORATE TREASURER 5757 NORTH DIXIE HWY OAKLAND PARK FL 33334	% CORPORATE TREASURER 5757 NORTH DIXIE HWY OAKLAND PARK FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1976
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-1768130 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MARESCH, BIRGITTA
1370 S.OCEAN BLVD.
SUITE 2001
POMPANO BEACH FL 33334

10. Name and Address of New Registered Agent

81 Name: PATRICIA NICELY
82 Street Address (P.O. Box Number is Not Acceptable): ~~777 SO. FEDERAL HWY~~ R.P. 211
83
84 City: ~~POMPANO, BEACH, FL 33062~~ FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE: Patricia A. Nicely 5-3-95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	MARESCH, BIRGITTA	12 NAME	PATRICIA NICELY
STREET ADDRESS	1370 SO. OCEAN BLVD.	13 STREET ADDRESS	777 SO FEDERAL HWY R.P. 211
CITY-ST-ZIP	POMPANO BEACH FL	14 CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	TD	21 TITLE	TD ☒ Change ☐ Addition
NAME	MANLEY, MRS MADGE	22 NAME	JACQUELINE KELLY
STREET ADDRESS	4848 NE 23RD AVE	23 STREET ADDRESS	4848 NE 23rd AVE
CITY-ST-ZIP	FT LAUD, FL 00000	24 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE	VPD	31 TITLE	VPD ☒ Change ☐ Addition
NAME	NICELY, PATRICIA A.	32 NAME	ROSE AMATO
STREET ADDRESS	777 SO. FEDERAL HWY. R.P. 211	33 STREET ADDRESS	6609 NW 73rd STREET
CITY-ST-ZIP	POMPANO BCH. FL	34 CITY-ST-ZIP	TAMARAC, FL 33321
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Madge Manley 4-16-95 776-6 [illegible] 4437
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0047440