

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified 06/17/1976
3a. Date of Last Report 05/01/1995

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NICELY, PATRICIA
777 SO FEDERAL HWY
R. P. 211
POMPANO BEACH FL 33062

81 Name ROSE AMATO
82 Street Address (P.O. Box Number is Not Acceptable)
6609 NW 73rd STREET
83 TAMARAC, FL 33321
84 City FL 85 Zip Code

14. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Rose Amato 5/30/96 DATE
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME NICELY, PATRICIA
STREET ADDRESS 777 SO FEDERAL HWY R.P. 211
CITY-ST-ZIP POMPANO BEACH FL
TITLE TD
NAME KELLY, JACQUELINE
STREET ADDRESS 4848 NW 23RD AVE
CITY-ST-ZIP FT LAUD, FL 00000
TITLE VPD
NAME AMATO, ROSE
STREET ADDRESS 6609 NW 73RD STREET
CITY-ST-ZIP TAMARAC FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #2

1.1 TITLE D
1.2 NAME PRESIDENT
1.3 STREET ADDRESS ROSE AMATO
1.4 CITY-ST-ZIP 6609 NW 73rd STREET
TAMARAC, FL 33321
2.1 TITLE D
2.2 NAME VICE PRESIDENT
2.3 STREET ADDRESS LOLA POST
2.4 CITY-ST-ZIP 2505 ANTIQUE TERR #K 1
COCONUT CREEK, FL 33066
3.1 TITLE D
3.2 NAME TREASURER
3.3 STREET ADDRESS JULIAN GANAK
3.4 CITY-ST-ZIP 1701 ANDROS ISLE
COCONUT CREEK, FL 3308
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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: Jacqueline Kelly Assistant Treas. JACQUELINE KELLY 7/24/96 776-6000 4437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)