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Secretary of State

04-26-1999 90099 033 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 736146					
1. Corporation Name NORTH RIDGE GENERAL HOSPITAL AUXILIARY, INC.					
Principal Place of Business % CORPORATE TREASURER 5757 NORTH DIXIE HWY OAKLAND PARK FL 33334			Mailing Address % CORPORATE TREASURER 5757 NORTH DIXIE HWY OAKLAND PARK FL 33334		

583517-90011-44



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		06/17/1976	
22. City & State		27. City & State		4. FEI Number	
23. Zip		28. Zip		59-1768130	
24. Country		29. Country		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
NICELY, PAT 777 S FEDERAL HWY RP 211 POMPANO BEACH FL 33062				Jessica Magill 2824 NW 9th Terrace Ft. Laud, FL 33311	
11. 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.				81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code	
SIGNATURE <i>Jessica Magill</i>				DATE <i>5/17/99</i>	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	NICELY, PAT	1.2 NAME	Magill, Jessica
STREET ADDRESS	777 S FEDERAL HWY RP 211	1.3 STREET ADDRESS	2824 NW 9 Avenue
CITY-ST-ZIP	POMPANO BEACH FL 33062	1.4 CITY-ST-ZIP	Ft. Laud, FL 33311
TITLE	VPD	2.1 TITLE	1st VP
NAME	MAGILL, JESSICA	2.2 NAME	Cochran, Sonja
STREET ADDRESS	2824 N W 9TH TERRACE	2.3 STREET ADDRESS	6297-4 BayClub Dr
CITY-ST-ZIP	FT LAUDERDALE FL 33311	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	VPD	3.1 TITLE	TD
NAME	COCHRAN, SONJA	3.2 NAME	Perry, Mary
STREET ADDRESS	6297-4 BAY CLUB DRIVE	3.3 STREET ADDRESS	4709 NW 4 Terrace
CITY-ST-ZIP	FT LAUDERDALE FL 33308	3.4 CITY-ST-ZIP	Pompano, FL 33064
TITLE	TD	4.1 TITLE	
NAME	PERRY, MARY	4.2 NAME	
STREET ADDRESS	4709 N W 4TH TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33064	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 appointment with an address, with all other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)