

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

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91019 020 \*\*\*\*70.00

**DOCUMENT # 736146**

1. Entity 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

00073730



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1768130**

Applied For  
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PERRY, MARY A**  
**4709 NW 4TH TERRACE**  
**POMPANO BEACH FL 33064**

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.

*Mary A. Perry Treasurer*

DATE

*4/2/03*

(NOTE: Registered Agent signature required when reappointing)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
NAME **COCHRAN, SONJA**  
STREET ADDRESS **6297-4 BAY CLUB DRIVE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE **PD** ☐ Change ☐ Addition  
NAME **Barbara Wettach**  
STREET ADDRESS **2591 NE 55th Court #205**  
CITY-ST-ZIP **Ft Lauderdale, FL 33308**

TITLE **VD** ☒ Delete  
NAME **WETTACH, BARBARA**  
STREET ADDRESS **2591 NE 55TH COURT, #205**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

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

TITLE **TD** ☐ Delete  
NAME **PERRY, MARY**  
STREET ADDRESS **4709 NW 4TH TERR**  
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **VPD** ☐ Change ☐ Addition  
NAME **Helen Gell**  
STREET ADDRESS **3200 N. Course Lane**  
CITY-ST-ZIP **Pompano Beach, FL 33069**

TITLE **TD** ☐ Delete  
NAME **PRITZKER, PAULA**  
STREET ADDRESS **4020 GALT OCEAN DRIVE, #1105**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **TD** ☐ Change ☐ Addition  
NAME **Mary Perry**  
STREET ADDRESS **4709 NW 4th Terr**  
CITY-ST-ZIP **Pompano Beach, FL 33064**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Change ☐ Addition  
NAME **Paula Pritzker**  
STREET ADDRESS **4020 Galt Ocean Dr. #1105**  
CITY-ST-ZIP **Fort Lauderdale, FL 33308**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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: *Mary A. Perry Treasurer* **MARY-A. PERRY** *4/2/03* **776-6000**

CR2E037 (10/02)