2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 736901

1a. Entity Name
VOLUNTEER AUXILIARY, INC. OF WESTSIDE REGIONAL MEDICAL CENTER

Principal Place of Business	Mailing Address
8201 WEST BROWARD BLVD. PLANTATION, FL 33324	8201 WEST BROWARD BLVD. PLANTATION, FL 33324

01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1744391
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GASSEW, ELIZABETH
8201 W BROWARD BLVD
PLANTATION, FL 33324

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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 _____ Elizabeth Gassew 1/16/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KIEFER, MARY
STREET ADDRESS	6701 CYPRESS RD. #101
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	D
NAME	KIRSCHNER, SANDY
STREET ADDRESS	200 GATE RD #211
CITY-ST-ZIP	HOLLYWOOD, FL 33024
TITLE	T
NAME	KEHOE, PEARL
STREET ADDRESS	5060 SW 10TH STREET
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/30/06-60023-017 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Sandy Kirschner Sandy Kirschner 1/16/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #