


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # 736901
 1. Entity Name
VOLUNTEER AUXILIARY, INC. OF WESTSIDE REGIONAL MEDICAL CENTER



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

Mailing Address
**8201 WEST BROWARD BLVD.
 PLANTATION, FL 33324**

DO NOT WRITE IN THIS SPACE



07052007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1744391

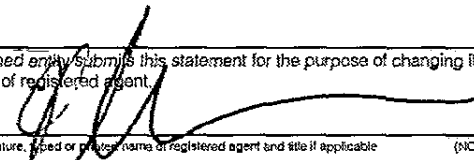
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For
 Not Applicable

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:  DATE: **7/5/07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)

**Filing Fee is \$61.25
 Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

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

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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: Mary Kiefer Mary Kiefer DATE: 7-5-07 DAYTIME PHONE #: 854 4736600 x 3560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR