

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736901

FILED
Jun 24, 2009
Secretary of State

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

Current Principal Place of Business:

8201 WEST BROWARD BLVD.
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

8201 WEST BROWARD BLVD.
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 59-1744391 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GASSEW, ELIZABETH
8201 W BROWARD BLVD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KIEFER, MARY
Address: 6701 CYPRESS RD. #101
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: KIRSCHNER, SANDY
Address: 200 GATE RD #211
City-St-Zip: HOLLYWOOD, FL 33024

Title: T () Delete
Name: KEHOE, PEARL
Address: 5060 SW 10TH STREET
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY KIEFER

D

06/24/2009

Electronic Signature of Signing Officer or Director

Date