

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736901

FILED
Apr 21, 2010
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 ()

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
Name: KIEFER, MARY
Address: 6701 CYPRESS RD. #101
City-St-Zip: PLANTATION, FL 33317

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

Title: T
Name: VUERNICK, LEONA
Address: 2503 NOB HILL RD.
City-St-Zip: SUNRISE, FL 33322

I hereby 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 all other like empowered.

SIGNATURE: MARY KIEFER(SIGNATURE ON FILE)

D

04/21/2010

Electronic Signature of Signing Officer or Director

Date