

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 760085 (1)
1. Corporation Name
AUXILIARY SCHOLARSHIP FOUNDATION OF PEMBROKE PINES GENERAL HOSPITAL, INC.



Principal Place of Business 2301 N UNIVERSITY DRIVE PEMBROKE PINES FL 33024	Mailing Address 2301 N UNIVERSITY DRIVE PEMBROKE PINES FL 33024
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/17/1981	3a. Date of Last Report 05/01/1995
21		26		4. FEI Number 65-0245114	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent YONDOLA, FRED 9660 NW 16TH CT PEMBROKE PINES FL 33024				10. Name and Address of New Registered Agent	
				81 Name ROSE WILSON	
				82 Street Address (P.O. Box Number is Not Acceptable) 6701 Thomas Street	
				83 Hollywood, FL	
				84 City	85 Zip Code FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Rose Wilson **ROSE WILSON** President **6/20/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YONDOLA, FRED			1.2 NAME	ROSE WILSON		
STREET ADDRESS	9660 NW 16TH CT			1.3 STREET ADDRESS	6701 Thomas St.		
CITY-ST-ZIP	PEMBROKE PINES FL			1.4 CITY-ST-ZIP	Hollywood, FL		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, ROSE			2.2 NAME	ARLENE COWICK		
STREET ADDRESS	6701 THOMAS ST			2.3 STREET ADDRESS	2331 N. 70th Terrace		
CITY-ST-ZIP	HOLLYWOOD FL			2.4 CITY-ST-ZIP	Hollywood, FL 33024		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GORIN, BARBARA			3.2 NAME	GERTRUDE MIKLIC		
STREET ADDRESS	7625 BILTMORE BLVD			3.3 STREET ADDRESS	11880 N.W. 11th St.		
CITY-ST-ZIP	MIRAMAR FL			3.4 CITY-ST-ZIP	Pembroke Pines, FL 33026		
TITLE	MD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALCEDO, ANN			4.2 NAME	LEAH RIGOT		
STREET ADDRESS	20117 SW 54TH PL			4.3 STREET ADDRESS	2301 University Drive		
CITY-ST-ZIP	FT LAUDERDALE FL			4.4 CITY-ST-ZIP	Pembroke Pines, FL 33024		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIKLIC, GERTRUDE			5.2 NAME	BARBARA GORIN		
STREET ADDRESS	11880 NW 11TH STREET			5.3 STREET ADDRESS	7625 Biltmore Blvd.		
CITY-ST-ZIP	PEMBROKE PINES FL			5.4 CITY-ST-ZIP	Miramar, FL 33023		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rose Wilson **ROSE WILSON** 6-20-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)