

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$163 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 JUL -6 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N19830 (1)**

1. Corporation Name

**CORAL SPRINGS MEDICAL CENTER AUXILIARY, INC.**

Principal Place of Business

Mailing Address

3000 CORAL HILLS DRIVE  
CORAL SPRINGS FL 33065

3000 CORAL HILLS DRIVE  
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1987

3a. Date of Last Report

10/03/1994

4. FEI Number

59-2788473

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$6.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☐ **FILING FEE IS  
\$61.25**

8. This corporation has liability for international tax under a 1993 (C)2  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. State, Apt #, etc.

26. State, Apt #, etc.

22. City & State

27. City & State

23. Zip

24. County

28. Zip

29. County

24. Zip

25. County

29. Zip

30. County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCDONALD, AVIS  
CORAL SPRINGS MEDICAL CENTER  
3000 CORAL HILLS DR.  
MARGATE FL 33063

81. Name

Wilma J. Zanky

82. Street Address (P.O. Box Number is Not Acceptable)

7604 Sunflower Dr.

83. City

84. City

Margate,

FL

85. Zip Code

33063

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits the 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

*Wilma J. Zanky*

(Signature of Registered Agent required when changing)

6.20.95

12. OFFICE (S) AND DIRECTORS

13. AGENT(S) CHANGED, DISQUALIFIED, AND CANCELLATIONS

14. TITLE

VT

DEAN, GLADYS

15. NAME

9101 W SAMPLE RD

16. STREET ADDRESS

CORAL SPRINGS FL

17. CITY, ST, ZIP

CORAL SPRINGS FL

18. TITLE

VD

ZANKY, WILMA

19. NAME

7604 SUNFLOWER DRIVE

20. STREET ADDRESS

MARGATE FL

21. CITY, ST, ZIP

MARGATE FL

22. TITLE

PD

MCDONALD, AVIS

23. NAME

1969 COQUINA WAY

24. STREET ADDRESS

CORAL SPRINGS FL

25. CITY, ST, ZIP

CORAL SPRINGS FL

26. TITLE

VT

JOSEPH, ALEX

27. NAME

4124 NW 88TH AVE

28. STREET ADDRESS

CORAL SPRINGS FL

29. CITY, ST, ZIP

CORAL SPRINGS FL

30. TITLE

VT

DEFAZO, BARBARA

31. NAME

3155 NW 31ST AVE

32. STREET ADDRESS

LIGHTHOUSE POINT FL

33. CITY, ST, ZIP

LIGHTHOUSE POINT FL

34. TITLE

TD

MAGGIO, MURIEL

35. NAME

648 NW 111TH WAY

36. STREET ADDRESS

CORAL SPRINGS FL

37. CITY, ST, ZIP

CORAL SPRINGS FL

14. TITLE

PD

Wilma Zanky

15. NAME

7604 Sunflower Dr.

16. STREET ADDRESS

Margate, FL 33063

17. CITY, ST, ZIP

Margate, FL 33063

18. TITLE

VD

Jerome Kovalcik

19. NAME

9017 NW 27 Place

20. STREET ADDRESS

Coral Springs, FL 33065

21. CITY, ST, ZIP

Coral Springs, FL 33065

22. TITLE

VD

Alex Joseph

23. NAME

4124 NW 88 Ave.

24. STREET ADDRESS

Coral Springs, FL 33065

25. CITY, ST, ZIP

Coral Springs, FL 33065

26. TITLE

VD

Marion Masi

27. NAME

3050 Holiday Springs Blvd.

28. STREET ADDRESS

Margate, FL 33063

29. CITY, ST, ZIP

Margate, FL 33063

30. TITLE

VD

Robert Garbiras

31. NAME

5280 NW 53 St.

32. STREET ADDRESS

Coconut Creek, FL 33066

33. CITY, ST, ZIP

Coconut Creek, FL 33066

34. TITLE

TD

Muriel Maggio

35. NAME

648 NW 111th Way

36. STREET ADDRESS

Coral Springs, FL 33071

37. CITY, ST, ZIP

Coral Springs, FL 33071

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 110.07(1)(a), 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:

*Wilma J. Zanky*

WILMA J. ZANKY

6.20.95

(SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR)