

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 05 1996 8:00 am
Secretary of State

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**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/25/1987		3a. Date of Last Report 07/06/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2788473		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**ZANKY, WILMA J.
7604 SUNFLOWER DRIVE
3000 CORAL HILLS DR.
MARGATE FL 33063**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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

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	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZANKY, WILMA	1.2 NAME	
STREET ADDRESS	7604 SUNFLOWER DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	MASI, MARION <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOVALCIK, JEROME	2.2 NAME	3050 HOLIDAY SPRINGS BLVD
STREET ADDRESS	9017 NW 27 PLACE	2.3 STREET ADDRESS	MARGATE FL
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	BRADFORD MILDRED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, ALEX	3.2 NAME	8421 NW 26 DRIVE
STREET ADDRESS	4124 NW 88 AVENUE	3.3 STREET ADDRESS	CORAL SPRINGS, FL
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	BEDOR, ALAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASI, MARION	4.2 NAME	7650 WESTWOOD DR
STREET ADDRESS	3050 HOLIDAY SPRINGS BLVD.	4.3 STREET ADDRESS	TAMARAC, FL
CITY-ST-ZIP	MARGATE FL	4.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARBIRAS, ROBERT	5.2 NAME	
STREET ADDRESS	5280 NW 53 STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGGIO, MURIEL	6.2 NAME	
STREET ADDRESS	648 N.W. 111TH WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	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: Wilma Zanky **WILMA ZANKY** **04-01-96** **(305) 344-3079**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)